Heliotherapy

By Mrs. MARION GIBSON, Reg.N.

In 1922, at the Manitoba Sanatorium at Ninette, the treatment of tuberculous patients by exposing their bodies to the direct rays of the sun was begun. The results, with few exceptions, have been so good that at the present date sixty per cent. of the patients are undergoing insolation for periods of varying length. During the spring and summer months they spend several hours a day on the roof balconies or in the more sheltered corners of the sanatorium grounds. The equipment consists of a stretcher with a canvas shade at one end for the head, and a screen of canvas curtain to protect the body from draughts. With the exception of a loin cloth no clothes are worn. Visitors are often startled to see, on stretchers in front of the infirmary and pavilions, in the ravines or on the sides of the hills, wherever they can find shelter from the wind, the bronzed bodies of dozens of male patients. It is not too much to say that the patients anticipate the coming of spring and summer chiefly for the pleasure they find in this simple and inexpensive method of treatment. They benefit mentally as well as physically, and maintain more easily in summer than in winter that cheerful and equable frame of mind so essential for their well-being.

The method of beginning the exposure is as follows: The first day the feet are exposed for five minutes each way. That means that the patient lies for five minutes on his back and for five minutes on his face—ten minutes altogether. This may be done twice or even three times in one day. The second day the feet are exposed for ten minutes each way and the legs to the knees five minutes. The third day the feet get fifteen minutes, the legs ten and the thighs five, and so on until the whole body as far as the neck is taking one hour, two or even three each way. Patients suffering from bone tuberculosis stand, as a rule, a longer exposure than those who have pulmonary disease. In the latter class a few prefer to cover the chest, but it is hard to say whether or not there is any sound reason for doing so. So far as is known, the effects of the sun's rays are produced by a general and not a local action. The tanning of the skin seems to be the indication of the benefit which is being received. The browner the skin the better the cure. It is, however, a definitely established fact that exposure should never be carried to the point where the patient complains of fatigue, headache, dizziness, nausea or excessive excitability. It is quite possible to regulate the amount of insolation to suit the idiosyncrasies of the individual. The good results which are obtained at the Manitoba Sanatorium are probably due to the careful way in which each patient is studied and observed while under treatment.

The reaction to the sun-bath produces certain symptoms which may be classified as subjective and objective. Subjective symptoms are a feeling of cheerfulness and optimism, improved appetite, relief from pain due to the analgesic effect of the local warmth, and a general feeling of exhilaration. If, on the contrary, the patient complains of lassitude, depression, etc., the insolation has been too long or badly applied, and must be interrupted and begun again. Objective reactions are a slight rise in temperature with some quickening of the pulse and respiration, increased action of the sebaceous and sweat glands, disappearance of cutaneous infections such as acne, boils, etc., rapid healing of ulcers, and marked hyperaemia,

which is not to be confused with the dermatitis of sunburn. At the beginning of treatment, a slight rise in the arterial blood-pressure is to be expected, but the tendency of heliotherapy is to lower the blood-pressure. Desquamation frequently follows the redness produced after the first few exposures of delicate skins, and tanning then takes place with no discomfort. Should it be impossible to avoid sunburn a layer of gauze may be used to cover the patient. If, however, the temperature remains a few tenths of a degree above normal for several days, and the frequency of the pulse and respiration continues, treatment must be stopped for a short period of time and resumed more cautiously. There is then no danger of haemoptysis, which a number of writers have observed to occur in cases of pulmonary tuberculosis undergoing heliotherapy.

In the hottest months of summer, June, July, and August, the best time of day for insolation is between the hours of seven and eleven in the morning, and three and six in the afternoon. The midday sun is too hot. Many infirmary patients go up to the roof balcony as early as six in the morning, and have their breakfasts served to them up there. Trays are sent from the ward kitchen on a dumbwaiter, and the "sun nurse" is responsible for seeing that the patients are served. This is accomplished without many extra steps. Bed patients are taken in the elevator to the roof with very little trouble and dressings are changed there exactly as if the patient were in his own ward. The beds are fitted with wheels and are easily moved; the doors are all wide enough to allow a bed to be pulled through. Patients with spinal lesions are turned in plaster shells, an anterior and a posterior, which are buckled tightly in place and hold the body rigid while the change from lying on the back or on the face is being made. The only difficulty now at Ninette is to find room for all the women patients who need the sun. The directors think with envy of the wide, unused roofs of the big general hospitals of Canada.

Patients of almost every complexion, varying from the palest blonde to the brunette with Indian blood in his veins are given treatment by heliotherapy. An interesting study of one hundred and ten cases treated during the summer of 1925 was made by Dr. Ross and published recently. His observations on the different degrees of pigmentation were as follows: "The degree of tan varied inversely to the extent and activity of the disease. Those with advanced active disease could not be exposed so long and, it was thought, did not pigment so much in a given exposure of time. In degree of pigmentation the Scandinavians were considered to lead, followed by Slavs and Anglo-Saxons. Those with red hair or with a reddish tinge in the hair and brown eyes tanned well, while those with blue eyes and red hair did not, nor was their general resistance against tuberculosis so good. It was also found that those with red hair, now dark, which had been reddish in childhood, did not tan well. The dark-haired persons with brown eyes tanned better than those with blue eyes. The flaxen-haired blue-eyed patients tanned best of all."

Among the one hundred and ten cases, sixty had no harmful reactions of any degree during the whole course. Fifty had reactions, fifteen of which were minor and disappeared in a few days. Many of the ill effects were caused by indiscretions of patients through excessive zeal.

In summarizing the results obtained from the treatment of these one hundred and ten cases, Dr. Ross found that forty-five per cent. with gross disease benefitted, eighty-three with far advanced disease benefitted, and one hundred per cent. of the patients with slight lesions improved. Of the cases treated, thirty-seven had tuberculous enteritis with active or advanced pulmonary disease, six had peritonitis,

two had cervical adenitis, seven had pleurisy and nine severe laryngeal involvement. The last named were given local as well as general treatment, by means of the laryngeal mirror, which reflects the sun's rays directly upon the larynx. The results were remarkable in every case. Ninety-five patients had pulmonary tuberculosis, of which thirty-seven were without complications. It is in the treatment of these cases by heliotherapy that opinions differ. From the results obtained at Ninette in 1925 it is now argued that every case of pulmonary disease, unless there is very high fever with marked toxemia, may be benefitted if the treatment is carefully graduated and closely watched.

The most spectacular results were obtained in the cases of bone and joint tuberculosis, with discharging sinuses. The latter were exposed freely to the air, and drainage was provided for by introducing a wet plug into the orifice, by maintaining the posture most suitable for drainage and by preventing the contraction of scar tissue. Very often the discharge increases at first and bits of dead bone are eliminated with the pus. The discharge gradually becomes less, the pain diminishes and the general health improves. Healing takes place from the centre to the periphery. The following case is an interesting illustration. "Case Number 5297—Male—Age 31. Disease began in spine in 1914 with an Albe operation in 1918. Between 1919 and 1925 had several abscesses opened, and on admission, May 7th, 1925, had five open and discharging sinuses extending around the body in line with the iliac crests to both inguinal regions. The sinuses were unhealthy and sloughing with large, tender granulating surfaces, so painful that the man cried out when anyone approached him. When first exposed to the sun, with sinuses still covered, all symptoms were aggravated but when sinuses were left entirely uncovered and exposed to both sun and air, the improvement was almost miraculous. Within two months the pain had gone. Now there is no pain, the ulcerous patches are healed, the sinuses healing and their discharge becoming serous. The man, from being emaciated, is now of normal weight. His temperature dropped from 102 degrees to normal and he has assumed an entirely different outlook on life." During the winter treatment was continued by means of the mercury quartz lamp. He is walking now, and hopes that another summer will complete the cure.

The scientific basis of heliotherapy is as yet a matter of much dispute, and its use is still purely empirical. The evidence of the many experiments which have been made is somewhat contradictory. A number of vital reactions are accelerated and it is supposed that this increased rate is in some way connected with the absorption of radiant energy by the blood. How this energy is stored in the blood and how liberated to the tissues is not known. It is apparent that blood may be heated several degrees above body temperature under the influence of visible rays. The action of sunlight on ulcers and open wounds is characterized by marked stimulation of fibroblasts and epidermal cells, which results in rapid healing. As a bactericide it cannot be surpassed. That it is intimately related to our calcium metabolism and is a specific cure for rickets is now generally accepted. Whatever the theory of the mechanism of the sun's action on the body may be, the fact that the results are good is now beyond controversy. What might it not be possible to accomplish in the treatment of patients suffering from general debility, osteomyelitis, fractures which refuse to heal, burns, ulcers, skin diseases and neurasthenia? It is an excellent prophylactic measure against colds. The feeling of well-being, however, which the patient experiences during insolation, is, in the opinion of some writers, sufficient indication for its use.

Editorial

Many nurses from all parts of Canada will gather in Ottawa during the last week of this month for the thirteenth meeting of the Canadian Nurses Association.

At the approach of another general meeting our minds turn to the small gathering of nurses who, assembled in the Capital on October, 1908, formed the national organization of nurses in Canada. Descendants of pioneers and early settlers in Canada, these nurses had inherited the vision and courage which made it possible for them to realize that the time had arrived for the nurses of Canada to become organized in order that a spirit of national unity and understanding should be developed and maintained.

Much has been accomplished in the comparatively brief period of eighteen years. Each province has obtained an Act for the Registration of Nurses, and each has an active provincial association. The entrance standard of education, the development of recognized minimum curricula, and the improvement of educational facilities for student nurses are questions which have received the serious attention and wholehearted support of nurses in each province. University courses for graduate nurses have been established, and also the combined hospital and university course for student nurses.

In 1908, public health nursing in its many phases was almost unknown in the majority of communities. To-day there are provincial, urban and rural public health nurses from coast to coast.

Through unity of purpose and endeavour it was possible for the Canadian Nurses Association to open a National Office in Winnipeg, in 1923. There the executive work of the Association is carried on, and there for the past two years has been the home of "The Canadian Nurse," which became the property of the Association in 1916. A record of the Association covering the period October, 1908, to the present, has been compiled and now, published in booklet form, is available for nurses and nursing institutions.

In 1914 when the manhood of Canada rallied to the defence of those whose lives, homes and lands were attacked, the nurses of Canada offered themselves in numbers far greater than were ever needed, for service with the Canadian Army Medical Corps.

At Ottawa, on August 24th, the Canadian Nurses Association will present to the Government of Canada a Memorial to their sisters who gave their lives during the Great War. As we gather in the Hall of Fame in the Federal Buildings on Parliament Hill, each nurse will recall the associations and friendships of those whose memory is to be forever kept hallowed in tangible form in one of the most beautiful art treasures possessed by Canadians.

Pan-American Red Cross Conference

By JEAN I. GUNN, Reg.N., Toronto

The second Pan-American Red Cross Conference was held in Washington, D.C., May 25th to June 5th, 1926. The League of Red Cross Societies sent delegates from the Board of Governors, the Medical Advisory Board, the Nursing Advisory Board and the Secretariat. The following countries were represented by official delegates: Argentina, Bolivia, Brazil, Canada, Chile, Columbia, Costa Rica, Cuba, Ecuador, Guatemala, Mexico, Panama, Paraguay, Peru, El Salvador, United States, Uruguay, Venezuela. In addition to the official delegates from the Red Cross Societies of these countries, several international organizations attended in an advisory capacity, among which were the League of Nations, International Labour Office, World Federation of Educational Associations, Pan-American Union and the International Council of Nurses.

The representatives of the International Council of Nurses were as follows:—

Miss Clara D. Noyes, Director, American Red Cross Nursing Service, and 1st Vice-President of the International Council of Nurses.

Miss Jean I. Gunn, 2nd Vice-President of the International Council of Nurses.

Miss Jean Browne, President, Canadian Nurses' Association.

Miss Elizabeth G. Fox, President, National Organization of Public Health Nursing.

Senorita Emma Deulofeu, President, National Association of Nurses of Cuba.

The work of the Conference was chiefly done in the Commissions, of which there were five:—

1. Organization and Publicity Methods.
2. Disaster Relief.
3. Public Health.
4. Red Cross Nursing Activities.
5. Junior Red Cross.

The delegates from the International Council of Nurses were connected with Commission No. 4. As it would be impossible to even outline briefly the work of all the commissions, this brief report will only include the activities of Commission No. 4. The following resolutions were passed and will be sent to the League of Red Cross Societies for their consideration and ratification:

"The Conference recommends that National Red Cross Societies work for the advancement of nursing education in their respective countries, endeavour to promote in the minds of the public the national importance of nursing and assist toward the improvement of the social and economic status of the nurse.

"The Conference recommends that each National Red Cross Society constitute an Advisory Nursing Committee to be composed of representative nurses, whose appointment is recommended by the National Nursing Association, of representatives of the medical profession, and of the health, educational and hospital authorities, to study the needs and guide the development of all nursing activities undertaken by the Red Cross.

"The Conference recommends that Red Cross Societies endeavour to stimulate the development of schools of nursing, in cooperation with universities or other educational institutions, which shall provide a course of instruction of at least two years of duration, to include fundamental experience in medical, surgical and children's work; this course to be directed, if circumstances permit, by a nurse. Whenever possible this course should be extended in duration to include special instruction in public health.

"The Conference recommends that National Red Cross Societies enroll in a nursing reserve all the qualified nurses in the country who would be in a position to respond to a call in time of war, disaster or epidemic; that in the future National Red Cross Societies should designate as Red Cross nurses only those who have graduated from schools of nursing.

"The Conference recommends that National Red Cross Societies train women for emergency purposes, especially to aid in disaster and in public welfare work, that such volunteer women be designated in each country by a title satisfactory to

the National Red Cross Society of that country, it being recommended that in Latin American countries the name 'Samaritan' be used.

"The Conference recommends that National Red Cross Societies be encouraged to provide or obtain scholarships to send well-educated young women to countries where well-established schools of nursing exist for a full course of instruction in nursing, in order that they may return to their respective countries to assist in the establishment of schools of nursing.

"The Conference further recommends that all Red Cross Societies utilize such nursing facilities as have been established at the headquarters of the League of Red Cross Societies, for information, advice, and assistance in questions pertaining to Red Cross nursing, such as courses of instruction and scholarships."

The American Red Cross acted as host to the Conference, and the delegates appreciated and enjoyed all the arrangements made for their comfort and convenience, and carried away with them many pleasant memories of the charming hospitality of the American Red Cross and of the people of Washington.

A Visit to Some Mediterranean and Near East Hospitals

[Editor's Note.—The following paper, by Miss Helen S. Buck, Superintendent, Sherbrooke Hospital, Sherbrooke, P.Q., was read before the Association of Registered Nurses for the Province of Quebec.]

The first hospital visited was in Gibraltar. We anchored about two miles out at sea at 5 a.m., and on going up on deck after breakfast I wondered why I could not see anything like an impression of the "Old Rock," but I was on the wrong side of the boat, and certainly when I did see it in the brilliant sunshine over the bluest sea, it was wonderful.

The hospital of over one hundred beds, called the Colonial Hospital and established by Queen Victoria, is an old convent built on the side of the rock, up to which we climbed steps, and steps and steps, into a patio; then on through long open corridors to where we found the Sister in charge. She has five nursing sisters and four Spanish nurses whom she is training. The doctors are officers of the British Army stationed there. The buildings are very old and rambling, with a dispensary, X-Ray, fairly good operating room, wards and a few private rooms. The equipment was very limited; e.g., in each little kitchen was a small charcoal stove on which a tea kettle was boiling and they were preparing the suppers. They are terribly handicapped by the lack of water, as Gibraltar, like Bermuda, has no fresh water. Everywhere we saw the rain sheets, their only means of getting water, and apparently they have very little rain. I asked why they did not bring it from the mainland, and I was told that, "This is an English fortress and if we brought it from Spain we would only be shut off in time of war, etc."

The British Mission Hospital at Jerusalem is under the charge of Dr. Wheeler of the London Hospital, who has been in Jerusalem with the British Mission for twenty-seven years, and who lectured to us on the return trip on Egypt and Palestine. His description of their work in Jerusalem was most interesting. His little hospital consists of four or five low buildings, with fifty beds. The patients are mostly Jews, though there are some Moslems. The Sister in charge is a graduate of St. Bartholomew's, London. She has three assistants, and four Jewish nurses in training. They have very, very little to work with. A little operating room, a small dispensary, a maternity ward, and everything showed the sad lack of water. We were in Jerusalem within two weeks of the end of the rainy season; their normal rainfall is thirty inches and up to that time they had had only seven. You can imagine the condition; all through the city the long queues of women with the water jugs and

Standard Oil tins waiting for the water to be unlocked. The supply is kept under padlocks. Even Sir Herbert Samuel, the High Commissioner, is allowed only four gallons per day per capita in his household, so you can imagine what the poor people have.

In Jerusalem and Cairo, in fact all through Palestine and Egypt, the most striking thing was the awful condition of the eyes; poor little souls walking along with their eyes closed and outlined with small black flies. Dr. Wheeler's description of the work done with the eyes in all these years made us realize what the conditions must have been. At present there is a splendid new up-to-date British Ophthalmic Hospital in Jerusalem, and I understand that they are doing a wonderful work.

In Cairo the Anglo-American Hospital of thirty-five beds is across the Nile from the city in a delightful spot just beyond a beautiful garden and grounds belonging to the British Army. Again the Sisters are graduates of the London hospitals, and looked most pleasing in their pale green uniforms and veils. This hospital is mostly for private patients and is really very attractive; very open, with lots of sun and roof-gardens, well shaded with awnings. The rooms are simply furnished but comfortable, the operating room fairly well equipped, X-Ray (small), and an obstetrical department. The nurses live in a separate building and have more comforts than in the other places, where really they had hardly the necessities of life. The only redeeming feature seemed to be that they all had time for their seista and tea.

As I was being taken along one of the roof-gardens, someone called me, and, with outstretched hand, said, "Are you not from the Homeric?" and greeted me like a long-lost friend, though I had only seen her on board. She, like four or five others, had been quite ill in Palestine and had been brought to this hospital, where she had received splendid care and was very comfortable. I can assure you the hospital is a real haven in that country.

In Athens I went to the hospital in connection with the Near East Relief, which is the Y.M.C.A. building, but was originally one of the palaces of King Constantine. They have nine hundred Armenian boys, who are splendidly cared for, being taught to do all kinds of work and also music, drawings, etc. We were interested in the drawings, among them those of the Prince of Wales, and Jackie Coogan. The boys getting 90 per cent. in their class work are allowed to wear the Greek national uniform (which is a very gorgeous affair) and are taught the drills, etc., which they did for us. Also they sang Rule Britannia and the Star-Spangled Banner.

The hospital itself has very little to warrant the name except the X-Ray, which you will see that they all have. Here again their chief work is with the eyes, and the conditions were appalling, one whole long table in the dining hall of blind boys, principally from trachoma.

My one disappointment was that I was unable to go to Scutari to see what there is of the Florence Nightingale Hospital. We were anchored out about a mile from Scutari, and one of the first things I did was to ask one of the cruise managers if I could arrange to go over, and he said, "No, it would not be safe even for a man," so I had to content myself with looking at a building behind one of the mosques that was supposed to be where "The Lady of the Lamp" had done her wonderful work.

I have not spoken of the London hospitals, many of you having done them probably more thoroughly than I, and to those of you who went to Helsingfors this is very modest and will be interesting only in comparison.

Nursing Problems of the Small Hospital

By MABEL F. GRAY, Reg.N.

As it has not been my privilege for some years to visit any of the small hospitals of Alberta, I must take it for granted that your problems, or at least the nursing problems, are very similar to those of the neighbouring provinces.

That we may be in agreement as to the hospital we are discussing, may we assume that the small hospital is one of fifty beds or under?

In such a small hospital it is unlikely that there will be a chief medical officer or superintendent. Your chief officer will likely be the matron or lady superintendent, who will be very definitely in charge of everything bearing upon the nursing care of the patients. Your first problem, I should say, is, therefore, the wise selection of your matron and of other members of the nursing staff. In this task you should exercise just as great care as in the selection of a principal for your school, or of the manager of any large concern. Make your wants known through the regular channels; advertise in the daily press of the nearest large city; advertise in the professional nursing journal (which is unfortunately issued only monthly); write to those likely to be in touch with the largest number of fully-qualified nurses, provincial and city, Graduate Nurses' Registries, and the larger hospitals and schools of nursing. Examine the applicants' credentials; require information regarding previous experience, and original testimonials, and consider **carefully** their value. Your best safeguard in regard to the professional or technical preparation of the nurse is to ascertain whether she is a duly registered nurse in your province or in the province or country from which she comes. This indicates that she has fulfilled the minimum requirement set by the professional body and also that she is in accord with such body. The person who refuses to work in co-operation with her professional peers is seldom found to be a very decided asset to any community or organization. This is all to urge that you will be most businesslike in your procedure, and exercise every care in the selection of a matron. As to salary offered, you must expect to pay whatever rate is current in your province, and the small hospital must also pay at an apparently proportionately higher rate than the larger hospital; the small hospital may have some inconveniences, and many of the attractions of the larger centre are lacking.

While with the careful selection you have made you have a right to expect that you have secured a nurse technically well prepared to fill your need, you must not be too hasty in your judgment of her; allow her time to adjust herself to her new surroundings and to the new conditions under which her work must be done. Let the doctor or doctors know that the nurse may have been used to methods different from theirs, and that they must exercise patience until she understands them and their requirements. I urge this, as too frequently a capable woman is hurriedly condemned as lacking, when her only draw-back is lack of self-confidence. She has not developed the ability to "show off": like many a building of modest exterior, there are hidden treasures which will be found only upon a better acquaintance.

One must understand, too, something of the modern nurse. You will

(Paper read by Mabel F. Gray, Reg.N., before the Alberta Hospital Association, Annual Meeting).

not always be able to secure "experienced" nurses, and we know that in all callings and profesisons the young graduate, inexperienced but full of enthusiasm, ambition and high ideals, may accomplish more than the experienced person, who, perhaps discouraged by earlier failures, has lost ambition, and is ready only to "carry on". The young woman of to-day enters the hospital younger than she did ten years ago. She has not, therefore, the background of experience in meeting life's responsibilities; and, owing to the highly specialized services of many of the larger hospitals, there are many branches in which the nurse has little practical experience. She has, however, the theoretical knowledge and the practical skill in other branches, which will enable her very readily to undertake the new duties. The small hospital has often much to teach the young nurse. Again I am urging only "patience".

It might well be suggested here that a small hospital is well to select only nurses trained in, or used to, only small hospitals, but I would say decidedly "No." If the staff were limited to women with no knowledge or acquaintance with developments beyond those of the small hospital, there would be little hope of progress.

Having spent much time on the selection of the matron, I should say that the selection of the other members of the nursing staff and also of the domestic staff should be left to her, with such advice from the board or a board committee as might prove necessary, owing to her inexperience. I would like to dwell upon this point, for frequently I have seen matrons placed in a position of responsibility, yet with no real authority over those for whose duties they are responsible, a situation which in any business concern you would at once agree to be a "difficult" if not an "impossible" one.

Some of the greatest difficulties in small hospitals with which I am acquainted have arisen from a lack of a clear-cut relationship between the matron and the board.

The matron is your paid official to carry out the policy of the hospital board, but she is also one of your professional advisers, and possibly the only one who knows much or anything about hospitals. Just as the doctor or doctors know the needs of the hospital for the adequate care of their patients, so the nurse knows the need which will enable her to carry out the doctors' orders, as well as to provide well-prepared and properly-served food, clean linen and well cared-for wards. The board should undoubtedly have an advisory committee, the matron and doctor or representatives from the doctors, serving with certain members of the board on such a committee, called perhaps a "house committee". Through its detailed study of the hospital and its needs, many of the problems will be readily solved.

As your chief officer the matron should be present at every board meeting to give her report in person, and to answer any questions after it has been presented. She should present a written report, brief, but detailed, at every regular meeting of the board. It is unnecessary that she should be present throughout the whole meeting, but a fixed time may be arranged for her report and it may be understood that she will leave the meeting upon completion of presentation and discussion of her report, unless she is requested to remain. Too often the business manager or secretary is the "go-between," the only connecting link between matron and board, and through misunderstanding, lack of sympathy, or incorrect interpretation, the matron and board never understand each other's aims and difficulties. May I urge this point, as one which I have found so often overlooked, and one which has been the cause of frequent and needless changes of matron. How can we look for co-operation and success if we do not "get together" in an understanding of

our different problems, all of which have a common bearing upon the successful operation of the hospital.

Nurses too often have poor "business" heads, and they must co-operate most heartily with the secretary, and be guided by him in all business details of the institution, and the board should expect of both secretary and matron most careful attention to all business details, receipt-stubs for all receipts, and vouchers for all expenditures, the most unimportant petty cash expenditures being entered in detail. Hospital books, as other municipal books, should be carefully kept and regularly audited. It seems most essential, too, that the duties of the two executive officers of the Board, secretary or business manager and matron, should be so clear-cut and distinct that there will be no danger of overlapping, or opportunity for misunderstanding and disagreement.

One other point I might mention which is sometimes a nursing problem, is that of members of the nursing staff going to the members of the hospital board with their difficulties. The President or board should most certainly be ready to hear them, but only in the presence of the matron: the matron may be at fault, and this will give the board an opportunity of learning it and dispensing with her services if necessary. But it also discourages the unloyal member or trouble-maker. To this point I have already referred in the question of the matron's authority; she should most certainly be able to depend upon the board to uphold her when she is in the right.

The question of suitable living conditions, and opportunity for social life, it might seem unnecessary to mention. but from observation in the past, I know they are frequently overlooked. The normal nurse, like any other normal person, enjoys congenial society, and is rather unhappy in the lack of it. It lies within the power of the people of the community to make the nurse's life happy in this respect.

As in other business relations, it is customary to recompense continued satisfactory service by a rising scale in salary. Such a practice would also be welcomed by the members of your nursing staff.

To sum up the difficulties so far presented, or rather to suggest their solution, we might ask for good business methods, understanding, and mutual respect and confidence.

The question as to whether or not a small hospital should conduct a training school or school of nursing, is one I have left until nearly the last, as it is one upon which we may not agree, or it may not even be a debatable point in your province; there may be legislation restricting this. But the question deserves serious consideration. I might ask, "What in your opinion is the primary function of a training school for nurses?" And I think, if you are perfectly frank with me, you will say, "To care for the patients in the hospital"; and it is undoubtedly with the thought that in this way the patients may be most economically cared for that most schools of nursing have been established. There was a time when, owing to the scarcity of trained nurses, such a course was a necessity. With City Nurses' Registries to-day overcrowded and many of our nurses crossing the border to seek employment in the more thickly populated country to the south, we can no longer claim that there is a shortage of graduate nurses.

The primary object in establishing a school, as the name indicates, should be for the education, along general or some special technical lines, of a group of people. The primary object in the establishment of a school of nursing should therefore be for the education of the students, and funds should be available for the establishment of the school along truly educational lines. We must be certain that a sufficient variety of clinical material is available, and that properly qualified teachers are provided, as well as the necessary school room and

equipment. The students' time must be so arranged that they shall have sufficient hours for classes and study, and that their practical nursing duties shall not altogether overshadow their theoretical instruction. Too frequently, however, a school of nursing is established without any realization of the hospital's responsibility to the young student nurse or to the public at large, or to the nursing profession upon whom you will thrust this only partially prepared young woman as a graduate nurse. Without funds to properly equip the school or to provide the necessary teachers, pupils are received in the mistaken idea that the hospital is thus more economically run.

If money is saved, it is through the exploitation of the student and through the imperfect service given to your patients. The small hospital, according to its needs, requires just as perfect an equipment and just as highly-trained a nursing staff as the larger institution. Only too frequently you place upon your matron or superintendent of nurses the almost impossible burden of trying to give good service to the patient, and at the same time adequate education to the student. However, reference should be made to the possibility of affiliation, making feasible the conduct of a school in a small hospital. The small hospital has some advantages to offer, and if it is properly equipped as a school, its shortcomings may be made up in a final year in a large hospital: but if the small hospital is poorly equipped, the better advantages of the final year cannot compensate for the poor teaching facilities of the first two years.

Might I suggest as a solution of some of your nursing problems an extension of the hospital's activities to co-operate with the health authorities of the community. Our old idea of hospitals, as of physicians and surgeons, was that they were curative agencies; this, however, is the age of preventive medicine, and many forms of public health work are being developed in which the small hospital could give much assistance. It may be suggested that the nurses are too busy to do anything outside the hospital. I know well how variable is the work of the small hospital; the nursing staff is frequently much over-taxed, but there are usually intervals, longer than are required to put into order details which had to be neglected during the days of stress. May I remind you that graduate nurses are oftentimes engaged in housekeeping duties, in making new hospital linen, and repairing old linen. Could not a domestic be employed for the housekeeping duties and a sewing woman, who would be glad of the employment, for the linen repairing? Or are there not many women in the community who, if organized, would be quite willing in turn to assist with such work? thus assisting the hospital, which is their community health centre, and setting free the nurse to assist the Medical Health Officer in many community health services. It is not an economy to use the time of the professional worker for simple household duties, leaving the more important tasks untouched. I might mention the equipment of a laboratory in small hospitals, and how nurses may be trained as technicians, provincial laboratories giving short courses of instruction to such nurses, thus adding to their interest and usefulness, as well as to the usefulness of the hospital. In community health services there are innumerable avenues: inspection of school children, tonsil and dental clinics, nutritional clinics, pre-natal clinics, in all of which the hospital and the graduate nursing staff might give valuable assistance to the medical officer and public health nurse.

Large hospitals have been very active in keeping pace with all developments in medicine and surgery. If the small hospital were equally awake to its opportunities there would, I am sure, be no difficulty in retaining the services of capable nurses, and in obtaining the solution of many nursing problems.

Work of the School Nurse

By GLADYS MOREHOUSE

The state compels a child to go to school where he may receive an education and the essentials through which he may later become a useful citizen and an asset to the community and nation. In order that he may receive the maximum of education, all barriers to health should be removed. Education without health is useless. Education must comprehend the whole man, and the whole man is built fundamentally on what he is physically. Hence, if the child is compelled to go to school then the community should protect him in every possible way.

The school nurse is one of the factors a community can provide for protecting the health of the child. This is brought about through her assisting in: (a) correction of physical defects; (b) preventing the spread of contagion; (c) health education in home and school; (d) promoting of school attendance.

First—Correction of physical defects. Many pupils are backward purely and simply because of defective vision, hearing, adenoids (which may also cause deafness), enlarged tonsils, general malnutrition and physical weakness. The nurse follows up the recommendations made by the school physicians to correct such defects.

About one in every two children has seriously defective teeth (90% carious). A United States survey a few years ago showed that 14% of the people had no tooth brushes. One in two had large glands; one in four enlarged tonsils; one in eight adenoids. In the majority of cases we found that the physically defective child has difficulty in keeping pace in his class work with the normally healthy child.

Second—The spread of contagion is prevented through the daily clinic work, routine room examinations and home visits on absentees.

Daily Clinic Work.—The teachers send to the clinic such children as they may wish the nurse to look at. This service includes emergency work for cuts and bruises, some slight skin infections, or some suspected communicable disease, all children coming for re-admittance after an absence, and children entering school for the first time

A periodic examination in school, conducted by the nurse consists of looking in the throat, and searching for a suspicious rash. If some particular disease is more prevalent than usual in her school, special stress is laid upon looking for some early symptoms indicative of this infection. She takes cultures, smears, and if indicated, temperatures. By treating slight skin infections in school the spread of many of these diseases is prevented. In the case of impetigo alone, if a case is sent home, nine times out of ten it would not be treated, and at the end of the week it would be in worse condition. If this case could be treated early it would clear up within three days in all probability. If not treated, the child might lose two or three weeks of schooling.

According to the Board of Education statistics (December, 1921) it costs 8.6 cents per hour to educate a child in Detroit. We are not only saving the child from becoming a truant and from becoming disinterested in his work, but, by having him treated at once, the spread of contagious diseases and a big financial loss are prevented.

By examining in the clinic suspected cases of illness and absentees on return to school, many cases of contagion are detected. A child may give the nurse a history of having had a rash, but no physician. In this case he is sent home and a diagnostician called. Last year 14,451 cases of suspected contagion were excluded by the school clinic. It is hard to estimate the value of this, for it means not only saving the child's life in some instances, but protecting the other members of the school.

(A paper read by Miss Gladys Morehouse, Department of Health, Detroit, at the Medical Section, Border Cities Teachers' Annual Meeting, held in Windsor, Ont.)

The spread of contagion is also prevented by room examinations and home calls on absentees. Room examinations are made in the event of some contagion being more prevalent than usual. If an outbreak of diphtheria occurs in a room, cultures are taken of everyone, the absentees being looked up in the home in order to detect the presence of diphtheria carriers. Also, routine room examinations are made once in three months, or more often if necessary. At this time the nurse casually examines each child for evidence of skin disease, infestation with lice, unclean clothing, etc. Last year through room examinations 17,799 cases of suspected contagion were sent home.

Home visits on absentees, that is verified cases of two days' illness, not under medical care, are made. If the parents are unable to pay for a physician, the nurse sees that the child receives free medical care. Last year 26,506 calls from principals were received. We could not make all of them, but out of this number 1,468 cases of contagion were detected.

Health education in the home and school, the third factor in providing health protection to the school child, is very important.

Home visits are not only made on absentees, but the nurse goes into the home to determine whether the defect has been corrected. If the parents are unable to employ a physician, the nurse will arrange to have the child treated at a clinic, and if necessary will take her there.

When she goes into a home an opportunity is given to instruct the parents regarding improvement of sanitary conditions of the home, preparation and care of food, cleanliness, ventilation, the amount of sleep and rest for the children; and in fact any matters which pertain to personal hygiene in the home.

If she finds any social conditions that need looking after, and there are many, they are referred to the proper social agencies, through the Department of Health office.

Health education in the school is conducted through Little Mothers League classes, nutrition work, and short talks on cleanliness, etc., which precede each room examination. Hygiene talks, handkerchief drills and tooth-brush drills are given upon request. The Little Mothers League lessons are given to girls in the seventh and eighth grades, most of whom must help care for the baby at home out of school hours. The course consists of nine lessons on the care of babies. The object of this work is to improve the home conditions and personal hygiene of the child.

The nutrition classes are organized in order that nutritional defects may be corrected. Through weekly instruction, bi-weekly weighings (which are plotted on charts), and milk and cracker lunches, many of these defects are corrected. The results of the nutrition class showed a marked improvement in general health habits, and a slight improvement in weight. A special study was made of 197 children representing twelve schools. The following is the combined opinion of teachers, school nurses and mothers: 62% in better health, 37% health unchanged, 1% poorer health; the home diet was improved in 41% cases, unchanged in 55% and worse in 4%. One-half of the children originally drank tea or coffee; two-thirds of this number gave them up. Two per cent. of this number began to drink milk at home for the first time, 36% drank more milk, and 44% remained unchanged. The teachers' report showed 44% did better class work, 53% were unchanged, and 3% were worse.

The general opinion from the homes was: "Much in favour of nutrition classes; gained in weight, stronger, better colour, brighter eyes, goes to bed earlier, and drinks more milk."

The outstanding results were: improved health habits and better health.

Mothers' meetings are held among the nutrition groups, Parent-Teachers Association and clubs, at which time the subjects of medical inspection, school nursing and hygiene of the child are presented and discussed.

Besides this routine work the nurse also assists the physician in physical examinations, vaccination and immunization against diphtheria. There are also nurses doing special work in open-window rooms and rooms for the mentally deficient; in the deaf, orthopedic and open-air schools.

Thus through the efforts of the nurse school attendance has been promoted by means of the clinic work, home visits, room examinations, and health instruction. Again, the work of the school nurse is to help the child to receive the education with the least sacrifice of his physical welfare. Or, to quote G. Stanley Hall in the Board of Education's latest bulletin, "For what shall it profit a child if he gain the whole world of knowledge, and lose his own health?"

And this is accomplished only through the close co-operation of the teachers—which we certainly have and appreciate.

Victorian Order of Nurses for Canada

The National Office of the Victorian Order of Nurses for Canada is in Ottawa. Should you have a few moments to find your way there during the Nurses' Convention you are assured of a cordial welcome. The office is quite centrally located, on the third floor of the Jackson Building on Bank Street, one of the principal thoroughfares of the Capital City.

While there is provision for it, at present there are no provincial subdivisions of the Victorian Order, the contact being directly from national headquarters to district.

The nursing staff consists of a chief superintendent, an assistant superintendent, and three supervisors, all of whom spend a considerable portion of their time in the field. Our centres are visited twice a year or as emergency arises. By regular supervision a close relationship is maintained with the individual district. Each has local autonomy, carrying on its work in accordance with the Royal Charter of the Order, and with the regulations and by-laws made by the Board of Governors.

The National Office is responsible to the local associations for the type of nursing service given and for regular supervision, and is always ready, when consulted, to act in a professional advisory capacity to local associations.

As our sixty-four districts throughout Canada are very scattered, and their requirements so varied, the problem presented in dealing with them is a tremendously interesting one. The difficulty of obtaining a sufficient number of well-qualified nurses with Public Health training complicates the situation. Fifty-five per cent. of our nurses have been with us three years and over, but we are constantly endeavouring to interest others in order to secure an adequate number of nurses to carry on our work and provide for further development of the service, which is so greatly needed in the Dominion.

E. L. S.

V.O.N. Scholarships

Miss Isabel Stewart Manson, of Rockhaven, Sask., has been awarded an international scholarship by the Victorian Order of Nurses for Canada and sailed for England in July. She is a Canadian, a graduate in Arts of the University of Saskatchewan, and a graduate of the Presbyterian Hospital of New York City. On completing her training, Miss Manson returned to Canada and did private nursing in Winnipeg. Having had some practical experience with the Henry Street Settlement in New York, she was interested in visiting nursing work and applied for duty with the Victorian Order of Nurses for Canada, subsequently becoming a member of the staff in Winnipeg.

This scholarship enables a nurse to take advantage of the course offered by the League of Red Cross Societies in connection with Bedford College for Women and the College of Nursing, London. An exceptional opportunity is provided of attending lectures, entering into discussions in small classes and for practical work in order that nurses may "familiarize themselves with English nursing methods and health procedures."

The Victorian Order of Nurses for Canada is in a position to offer this international scholarship largely through the practical assistance and generosity of a member of the Central Board.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Recent Progress in Nursing Legislation

By ELIZABETH C. BURGESS*

If there could be spread before us the pages of the past thirty years in the nursing history of the countries represented at this Congress, and if we could not only read the tales which we should find there, but as well travel backward with those fine women in each country who have lived this history, we would be filled with the enthusiasm and joy which comes with the recognition of achievement. For despite difficulties which have seemed at the time insurmountable, and which even now loom up as spectres in our paths, tremendous progress has been made in the nursing care of the sick.

We speak much these days of nursing education. Sometimes we are criticized because we talk so much about education and less about the patient, yet I doubt if the patient, the ultimate end of all our endeavour, is ever forgotten by nurses.

Every bit of our history cries out as an effort to secure better and better care for the sick and from the days of Miss Nightingale has included in an increasing degree the endeavour that nurses as well shall be factors in keeping people well.

We lay importance upon education since it is only through education that we can accomplish our ultimate purpose, namely, the best possible nursing service for all people.

What place does legislation play in this programme? We cannot claim that it holds the most important place, yet history shows us that with the growth of peoples, and with the increasing complexity of the economic structure of society, the more elaborate must be the system of legal regulation. Moreover, with the growth of the state there has come about an increasing responsibility for insuring the best conditions for the common life, until, at least in theory, the State exists for the promotion of the welfare of its citizens and for their protection from an increasing variety of evils and injury.

W. Jethro Brown, the great British legal authority, in his fascinating book on "The Underlying Principles of Modern Legislation," says that "the relation of State Regulation to Liberty may be illustrated by four propositions. In the first place, such regulation may impose restrictions upon each citizen in the interests of the liberty of all citizens." He gives the criminal code as an illustration, and says that "men are not less free but more free because murder and robbery are prohibited." He also states that many laws for the promotion of public health rest on the same ground. "The purveyor of microbes may be more hostile to freedom than the burglar. True, the burglar commits an intentional wrong, whereas the infected citizen injures through negligence; but both are a menace to the free self-development of the citizens in general."

"In the second place, State regulation may impose restrictions on the actions of the few in order to promote the liberty of the many."

"In the third place, State regulation may impose restrictions on the many in the interests and the liberties of the few."

"Finally, the liberty of an individual may be promoted by restrictions that the State imposes on him in his own interests."

Justification for nursing legislation may well be claimed under the second principle that "State regulation may impose restrictions on the actions of the few in order to promote the liberty of the many," for our endeavour, as I see it in legislation, lays certain requirements on those who would offer their services as Registered Nurses to the public; thus we restrict or regulate a few in the interests of the many.

Laws may control either directly or indirectly. Mr. Brown gives an illustration of the possibilities of indirect control by quoting from Sidgwick. He says, "While he protests against prohibiting the citizen from consulting a quack, he points out that the Government may reduce the mischief of quackery in several ways: (1) by requiring an uncertified practitioner to abstain from concealing the absence of a certificate; (2) by giving damages or inflicting punishment for grossly unskilful treatment; and (3) by refusing to uncertified practitioners the legal right of receiving fees from their patients," and he says, "No one could object to the legal punishment of such a man as the enter-

(*Miss Elizabeth C. Burgess, Assistant Professor, Nursing Education, Teachers' College, Columbia University, New York City. Read at the I.C.N. Congress, 1925.)

prising person who advertised himself as M.B. on the ground, as he explained to the court, that he practised both in the city of Melbourne and in the suburb of Brunswick."

The history of medical licensure for the protection of the people from quacks is filled with interest, and in reality plays a great part in medical progress. To us it is of interest as a forerunner and a guide in nursing licensure, which has similar objects to achieve in the field of nursing.

In order to measure progress in nursing legislation, we must keep clearly in the foreground the ends which the law serves; the protection of the public through making available nurses whose qualifications for the practise of their profession are certified to by the State, and the protection of a profession from the misrepresentations of the unqualified. With these ends in mind the fact of placing laws on the statutes for the control of nursing practice, and the registration of nurses through their respective nurse associations in those countries where State registration has not been secured, has been in itself an achievement. Neither these laws as a whole, nor any one of them, represent our ideal legislation; as a matter of fact, some of them are merely an entering wedge in the securing of legal status, but they represent an increasing recognition of nursing as a profession and are significant as results of organization in each country.

The movement began in England with the founding of the British Nurses' Association in 1887. The history of the movement thus launched cannot be traced here, although to fully appreciate progress such a study is necessary. All that may be said is that from the first legal recognition of nurses, which came in 1891 in Cape Colony, South Africa, when nurses were included in the Medical Act, and from the time the first nurse law was obtained by the nurses of New Zealand in 1901, the movement has spread rapidly over many countries.

While many countries and States within countries have had to overcome great difficulties, and England, although the first to organize to secure State registration, was over thirty years in attaining that end, there has been a continuous succession of laws and amendments to these laws in different countries until, at the present time, there can be numbered among those who have secured State licensing of nurses the following countries. (No attempt is made to list these countries in the order in which the laws were obtained): Australia (in all of its States with the exception of Tasmania), Austria, Belgium, Canada (in all of its Provinces), Cuba, Czecho-Slovakia, England and Wales, Esthonia, Finland, France, Germany, Hawaii, Holland, Irish Free State, Korea, Latvia, New Zealand, the Philippines, Porto Rico, Scotland, South Africa (in all of its States), Sweden, the United States of America (in 47 of the 48 States, including also the District of Columbia). Examinations under the Public Health Department are held in: Russian Armenia, Bulgaria, Palestine and Poland.

In the following countries, while State registration has not been obtained, nurses are registered under their respective National Nurses' Associations: China, Denmark, Norway.

To speak with authority on the progress made in recent years in relation to each of these countries is impossible; only one who had had intimate connection with the law and the results obtained in the special country can do this. The provisions made in the laws differ greatly one from the other; what is progress in one country would be a backward step in another. My statements regarding progress must therefore be based largely on the progressive trend in legislation as it is shown in various laws, and I must use as illustrations chiefly the legislation secured in the various States comprising the United States of America.

First of all, there is a growing tendency toward the Compulsory Act. In New Zealand, while the law is not compulsory, it is said to be working as though it were, in that it is an established custom for all who have taken training to take the examination for registration, but as far as I am able to ascertain there is in no country the requirement that all who make a charge for giving nursing service must be licensed. Our laws in the beginning were entirely permissive; no compulsion was placed upon the graduate nurse to become licensed and thus obtain the right to use the title Registered Nurse or its abbrevation, R.N. The protection of the public lay in providing a title which could only be used by those who had met the requirements of the law and thus secured the official stamp of approval, as it were, from the State. With the education of the public to a knowledge of what this meant, a permissive law has proved useful, but such a law is weak. It can at best only partially protect, and it can be made practically valueless if eligible graduates in any number fail to register.

It is probable that all new laws to control nursing practice must at first be of this type, but we shall have by no means attained the result of controlling nursing practice until wholly compulsory laws are obtained.

In a number of States in the United States this weakness is being partly overcome by requiring registration of all who

practise under certain titles, which in the public mind are synonymous with thorough preparation, namely, such titles as Graduate Nurse, Trained Nurse, Certified Nurse. All using such titles are required to be Registered Nurses. Such legislation is progressive, but still fails to accomplish the true purpose of legislation, for the unfit may still practise nursing and may use any title outside of those protected by the law, and, while the public remains only partially educated to the knowledge that nursing is a science and an art for which women must be prepared by sound professional education and training, the employment of the untrained will continue. People are still half inclined to believe that "nurses are born and not made," and, consequently, continue to allow themselves to be fooled and badly cared for by the nursing quack, and the profession of nursing is still menaced by this evil.

The State of Missouri in 1921 took a further step and passed a law which required a license of every person who practised nursing for hire. That it was progressive, and that such laws are the only kind which will really protect, was demonstrated there. It was not liked by the untrained nurse, although proper provision was made for her practice; she had practised too long without any restraint. The result was a concerted effort on the part of the untrained and partly trained nurses of the State, which brought enough pressure upon the legislature to secure the repeal of the law in a year's time.

An effort in 1914 in the State of New York to protect the word "nurse" was unsuccessful, but both attempts have marked progress, and an increasingly understanding public and legislature will be found who will put Acts of like nature into existence before many years.

Such laws will call for the licensing of a second group of persons for the care of the sick, a less skilled group, who will do some of the work performed by the unlicensed person of today. These persons may be given such a title as nursing attendants, trained attendants, or nursing aides; there must be something distinctive. The recognition is coming to many of the fact that all persons when ill do not need the care of a graduate nurse, especially when the case is that of a chronic disease, when the care needed is of a routine and simple nature, or when the illness is but slight and the patient needs more waiting upon than nursing, which type of service applies as well to certain types of convalescent cases; neither need the care of the graduate nurse, nor should such patients be required to pay for such service the rates which the professional education of the graduate nurse entitles her to charge, nor should the graduate nurse be giving care of this nature when the fields for which she is prepared and needed are uncovered.

A training in elementary nursing must be provided for such a person and she must be skilled in the kind of work which she will be called upon to do. Provision for the licensing of this group is now made in the nursing laws of nine States of the Union. While the license is as yet permissive and required only of those who desire to use the legal title which is named in the particular law, the movement is progressive and the establishment of schools for this group is beginning. Those who are interested in this movement will find the outline of what is being done in the chapter on "Training Courses for the Subsidiary Nursing Group," in the report on "Nursing and Nursing Education in the United States," which study was made possible through the aid of the Rockefeller Foundation.

Canada has also recognized the need of this supplementary nursing service, becoming first conscious of it through the scarcity of nurses which took place during the war.

In a paper on "The Review of the Status of the Nursing Profession in Canada," read at a meeting of the American Medical Association in 1923, Miss Jean Browne, president of the Canadian Nurses' Association, stated that as a result of private duty nurses remaining in the cities in which they had been trained and where they usually had continuous work, most of the care of the sick in outlying rural communities was supplied by kind-hearted but ignorant and untrained women, some of them making a living by it, others doing it in a neighbourly spirit.

The Canadian Association in 1920 approved of training this secondary type of nurse, and almost at once the Saskatchewan Registered Nurses' Association amended their Act to provide for the training of this group, who are known as "nursing housekeepers." The need for extending this training is one of the tasks which Miss Browne sees before her Association. Another progressive step taken by several States of the Union during the past two or three years is the requirement of annual registration of the license. This gives invaluable information concerning the number and location of the licensed nurses in the State, information which in the case of laws protecting a number of titles or in an entirely compulsory Act is indispensable.

The next step in progress, and this should possibly be placed first in importance, is the increasing in strength of the educational requirements of the law. Here we emphasize another end of legislation, namely, that of the improvement and

standardization of our nursing education. Licensing alone does not safeguard; the license must certify to adequate basic training. Provision for such training and license must be based on:

1. Sound general education as a requirement for entrance to schools of nursing.

2. A nursing course which gives thorough training with adults and children in the different services and which has been accompanied by a theoretical course carefully planned and suited to the conditions.

3. The passing of the examination set by the State.

While these three requirements are generally accepted as necessary, the first and second in many laws are most inadequate and even when the law is well written and the requirements are made sufficiently high, lack of provision for proper supervision and administration may almost nullify them.

Steps have been taken through the law in several States in U.S.A. to provide for a gradual increase in the requirements in general education, whereby, in the course of several years the requirement is raised gradually until full four years of high school or secondary school is reached. Several States are also requiring that the educational credentials presented for entrance to the schools shall be evaluated by the educational authorities, and approval of the entrance of the student to the school is issued on this basis by the Board of Nurse Examiners. No movement has helped more to make effective the educational requirement clause than has this.

One of the most valuable provisions now made in any law is that of providing for inspection of the schools and requiring that such inspection be made by a qualified nurse, for the second essential in providing a basic education may become a paper requirement only unless the schools are visited and the actual conditions are known. Without this, improvement in the education given throughout a State is hard to attain.

Inspection visits are naturally made first for the purpose of determining whether the requirements of the law and the regulations of the Board of Examiners are being carried out, but, secondly, and even more important than this is the real assistance which may be given to schools in strengthening their courses and bettering the education they are offering; for while legal requirements must always be minimum, every school should be helped and encouraged in its efforts to improve. The helpful side, as a part of a State's responsibility, has recently been recognized by the State of Ohio by an amendment to the law providing for a "visiting instructor." The State as well has an inspector. The visiting instructor goes to the smaller schools upon their request and gives intensive class work, covering a period of about two months, in one or two subjects which the schools have been unable to provide. The arrangement has been especially helpful to the small schools which are somewhat isolated, since they have found it almost impossible to secure well-prepared teachers for their work.

Another advance is seen in the increasing number of nurses appointed to the Boards of Nurse Examiners. We in the United States are committed to the principle that our nursing education, our nursing laws, and all that pertains thereto must be in the hands of nurses, and while we often must struggle to maintain this, examination of our laws shows progress in this direction.

Another promise of progress lies with the wider knowledge of and more study being given to the problems involved in the licensing of nurses. This is true, I believe, in all countries. We are realizing more and more keenly that a law, excellent though it be in one State or country, may fail to meet the conditions existent elsewhere, and so in amending laws or in putting new laws on the statutes of different countries, a study of local conditions, such as the need for nurses, the manner of licensing other professions, the conditions of general education, must be undertaken. Probably as much as any other one thing, there must come about understanding on the part of the public to the need of such laws. People must see in them their own protection. The rank and file of our nurses must, too, be educated to the value of the laws and their personal obligation in relation to them.

Reciprocity is to be discussed in another paper, but I cannot close without some word regarding it. In the United States we are far from establishing proper reciprocal nursing relations among the States. The constitution of the United States leaves, among other matters, to the individual State the problem of education and the well-being of its citizens. This prerogative the States jealously and rightfully guard. It makes impossible, however, a federal law governing nursing education and federal examination. There is, however, some possibility that a National Examination Board may be brought into existence by the American Nurses' Association, proceeding along the same lines as did the American Medical Association in establishing a National Medical Board some years ago.

(Concluded on page 414)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss HELEN CARRUTHERS, 112 Bedford Road, Toronto.

Vacation

Perhaps there are no women to whom a real vacation is more necessary than to those who are engaged in the various branches of the nursing profession. Whether the work be institutional, visiting nursing, private duty or whatever it may be, the responsibility is so great that, together with the necessary expenditure of physical strength, it is found that when summer arrives once more there is a general feeling that each one is very much in need of a holiday.

What constitutes a real vacation? It would seem that the answer may be summed up under two headings: relaxation and change.

It is unfortunate that among the members of the profession there are some who have developed the chronic habit of assuring themselves that they are "rushed". No matter where one meets them they are "simply rushed to death"; "Glad to see you, but have not time to talk," etc. Every letter written concludes with "Yours very hurriedly" or "Please excuse scrawl, in great haste". This constant rushing through life is often due to an exaggerated idea of one's importance. With many it becomes an obsession and grips them so that they are never able to relax. A certain little girl was very restless at the dinner-table, and her mother said, "Mary, how many times have I told you that you must sit still at the table?" "I cannot, mamma," said the child, "I'm a fidgetarian." Too many nurses become "fidgetarians" and they need to learn to relax or the nervous system will ultimately either "blow up" or "break down".

(Editor's Note: The above paper was received too late for publication in the July number.)

This art of relaxation would be a wonderful habit to practise in daily life, but perhaps the greatest need is that for a definite period for rest and recuperation.

The commercial world is realizing more and more each year the value of the annual rest and vacation. Recently a leader of men in the business world suffered a collapse. For years he had kept going, declaring that he could not spare the time to rest. The specialist called in said to him, "A man can do twelve months' work in ten months, he may do even fifteen months' work in ten months, but the man doesn't live who can do twelve months' work in twelve months and do it efficiently." It is really marvellous what the body can stand, but it must be recognized that there is a limit to human endurance. No matter how much one may assure oneself to the contrary, the fact remains that no one can continue to work at "high speed" for an indefinite time. The strain of constant exertion eventually demands its toll on the vital reserves of strength.

The popular idea seems to be that a human being works because he must, and plays from a desire to do so, but that idea should be reversed. One should work because there is a love to do so, and play because there is need to renew strength for one's occupation.

One recognizes the need there is at times for a change of environment, but more so the necessity for a change in activity. Vacation means nothing until a vacation means everything. It is most advisable for one's vacation to be totally different from one's vocation. The efficient person plays in order to work better, and the time for relaxa-

tion and change should be such that it will leave the body rested, heart stronger, mind clearer and soul finer.

And so it would seem that for the sake of those with whom they come in contact, for the institutions and organizations of which they are a part, and for their own sakes, that nurses should see to it that some part of each summer is devoted to a real vacation.

Registered Nurses' Association of Ontario

The following brief outline has been prepared in connection with the fourth annual Extension Course conducted by the Private Duty Committee of the Registered Nurses' Association of Ontario and the University of Toronto during the week of August 16th-21st, 1926:—

Monday, August 16th, the Toronto Western Hospital will be visited and a clinic held.

Tuesday, August 17th, a round table conference of all nurses attending the course will be held at 2 p.m. in the University. This getting together is for the purpose of discussing with each other the various problems, particularly those of nurses in the smaller districts. At 3.30 the nurses will go to Centre Island and enjoy a real old-fashioned picnic.

Wednesday afternoon, August 18th, the nurses are free to visit the new Art Galleries. In the evening, at 7 o'clock, a dinner will be held in Hart House, Toronto University. The committee in charge of this promise the guests a delightful evening.

Thursday afternoon, August 19th, the Toronto General Hospital will be visited. Something of interest will be given to all private duty nurses, who will also be shown over the buildings.

On Friday afternoon, August 20th, a trip by the T.T.C. buses to the Dale nurseries at Brampton is planned.

Full information regarding the morning lectures may be obtained from Mr. W. J. Dunlop, Director of Extension Courses, University of Toronto, Toronto. The fee for the entire course is only $2.00, and accommodation, if required, may be secured through Mr. Dunlop in the University residences.

Among the subjects on the programme are the following, with the names of the lecturers so far as these are, at time of printing, available:—

Occupational Therapy (1)—Dr. Goldwin Howland.

Skin Infections of the New Born (1)—Dr. H. A. Dixon.

Premature Babies and Infant Feeding (1)—Dr. F. F. Tisdall.

Blood Culture: Complications or Sequelae of Influenza (1)—Dr. A. G. McPhedran.

Administration of Insulin: Stroke (1)—Dr. J. Hepburn.

Gastro-Intestinal Diseases (1)—Dr. E. E. Cleaver.

Psychology (2)—Professor E. D. MacPhee.

Emergency Surgery (2).

Canadian Literature (3)—W. S. Wallace, M.A.

Public Speaking (2)—W. G. Frisby.

Food Values and Diets (2).

Obstetrics (2).

(The numerals indicate the number of lectures.)

Lectures will be delivered in Room 19 of the Medical Building. The course commences promptly at 9 a.m. on Monday, August 16th.

Recent Progress in Nursing Legislation

(Coninued from page 412)

This board might establish standards and examinations in advance of any State standards in existence. The various States might then write into their laws a clause endorsing the certificate of this board as a license to practise in the State. The candidates in such cases, who met the requirements for entering the national examination, could do so, and if they obtained a certificate could have it accepted in those States where laws provided for it. Possibly such a plan could be followed by an international board, which in a similar manner might go far toward standardization of nursing education throughout the world. We must not lose sight of the fact, however, that our legal standards must always be minimum standards, and that they must be so thought of, and that individual schools will push far beyond them. Legislation, although an important phase of nursing education, is but a part of the greater whole. We must through it and through the higher education of nurses which is made possible emphasize constantly the objects of both legislation and education, namely, to bring about increasingly better care of the sick throughout the world, and to bring close to all individuals the knowledge of "positive health" and how to attain it.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Value of Health Training in the Home

By ALICE THOMSON, Reg.N.

Psychology nowadays says, does it not that any person, old or young, is teachable if he feels a need of the information which the teacher wishes to give. That is, Johnny Jones in one of his story books finds the word "celebrated". He must know its meaning to get the sense of the story. He asks its meaning, is told and never forgets, because (1) he needed the information, (2) knew he needed it, and (3) used it as soon as he got it. If, then, the health teacher has reason to believe that there is a need for health training in any home, by any individual in the home, she apparently has a very simple task: (1) to find what the need is, (2) to give the teaching necessary, and (3) stimulate the individual to use in a practical way his or her new knowledge. It sounds very simple, but the two difficult points in it are, (1) the individual must often be made conscious of a need which he did not know existed, the gaining of which is often a slow process, and (2) he must have confidence in the teacher.

The subject to-night is Health Training in the Home. Health training consists of all or any instruction or advice, the carrying out of which will affect the health of an individual or group. Does the outstanding person in the home, usually the mother, feel any need of this sort of thing? The answer, of course, varies with the home; and here lies one of the greatest assets of home visiting. Often unless the nurse visits, she has no way of finding out if any need exists in the home. Even if in some way she learns that a need does exist, she often has no way, other than visiting, of finding whether the mother knows of the need, realizes that it is there. Thus the first reason for home visiting is to find the needs of the people. What are some of these needs? We are probably all very familiar with them.

There is the need of pre-natal supervision. Undoubtedly not all mothers realize that they have need of this, yet we are quite convinced that they have. The question is how to get them to realize its value. Here the bedside nurse has the advantage. First of all, she is sent for, which fact alone indicated that the mother realized some problem. It may not be that she is asking for pre-natal supervision as we know it, but she wants something: probably help in planning a layette or in preparing for confinement, etc. Once this information is given there would seem to be another duty before the nurse, namely, making the mother conscious of other needs, e.g., medical supervision if she has not yet seen her doctor, regulation of diet, rest, personal hygiene, etc. However, the very fact that the nurse has answered the first query satisfactorily leads to a confidence which makes later teaching easier. In spite of the fact that the opportunity of the bedside nurse to give advice and teaching is probably greater than that of any other organization, still it does not follow that no other organization can do it. To the nurse doing educational work only it is a much harder task, largely because often she is not sent for but discovers her patients by accident. This difficulty is being overcome gradually in districts where the nurse is well known and the people have gained confidence in her. Also, while it is possible that in time the mothers, having learned the value of pre-natal

(Miss Alice Thomson, Reg.N., District Superintendent of Nurses, Department of Public Health, Toronto.)

instruction, will be willing to go out of the home to mothers' clubs, etc., for purely nursing supervision, at present is not home visiting to do the preliminary educating, that of teaching the mothers the value of pre-natal advice, necessary? Without minimizing results of clubs, still experience often shows that there is a sensitiveness in the pregnant mother which makes her unwilling to go out of the home for advice.

Following pre-natal supervision come the baby's needs. Here again the bedside nurse has her innings as she is there from the first moment of the baby's life. Also this is the time when the mother is conscious of needs —why does the baby cry at night and want to sleep all day? Should he be wakened to be fed? What should his daily routine be? What should be done when he wakes one hour before feeding-time and cries? What if he cries after feeding, etc., etc.? In answering these questions the bedside nurse has an excellent opportinuty of working in other pieces of information, as the need of medical supervision, importance of breast feeding, reason for regular feeding, value of fresh air and sunshine, etc. If she is free to go back often, probably weekly, to visit the mother for those critical first four or six weeks, the situation seems ideal. If there is no bedside nurse, nothing remains but for the nurse doing educational work only to visit the home as soon and as often as possible in the first week or so and stress proper management, regular weighing and regular medical supervision. One of the District Medical Officers who is in charge of a Child Health Centre in Toronto states that every time a nurse is successful in getting a mother with her three weeks' old baby to a Health Centre, she has justified her existence on the Health Department. This can only be done by visiting in the home, filling the needs of which the mother is conscious, answering her questions and pointing out to her other needs which exist but of which she is not conscious.

Later on comes the pre-school period, that period of greatest learning, two to five years, the habit-forming age. How can we teach the pre-school child to like vegetables, fruit, milk, to chew his food properly, to eat three meals a day and three only, to play out of doors, to brush his teeth, to have bowel and bladder control: all these habits which mean so much to the character as well as health of the child? If we wait until he is old enough to go to school, these habits will be formed; he must do it in the early pre-school years, and obviously we must have the mother's co-operation. If she has attended a Child Health Centre regularly some of the teaching may be done there. If she has not, there is only one other place, the home. Here again we come back to the question of "need," how to make the mother feel the need of advice re Johnny's diet: he doesn't like porridge—in fact, she never liked porridge herself. It comes back, does it not? to the nurse's knowing very clearly in her own mind why she advises porridge and also on her ability to get this across to the mother. Once more comes in the importance of the mother's confidence in the teacher, confidence which can only be gained by the nurse's seizing every opportunity of answering questions which arise so that in time the mother realizes that she is a person to be trusted. Here again the possibility of group teaching comes in, but while the importance of this can not be stressed too highly, still, will it not always be true that with the best intentions in the world mothers often find it impossible to get out of the home as often as they would like—the baby has a cold—the coal is being delivered this afternoon—unexpected friends arrive, etc., etc.

In school work too does not the same thing apply? If we teach Johnny that it is absolutely necessary that he brush his teeth daily, drink one pint of milk, sleep twelve hours, etc., and are successful in convincing him of this, do we not still need the co-operation of the mother? Will he always remember to brush his teeth if his mother

does not think it necessary, will he always ask for milk, will he be able to get his mother to buy extra milk, will he come in himself from play to go to bed at seven or eight o'clock? Is not a home visit necessary? Suppose we visit and see mother and son together and are able to convince both. Is it not almost certain to be done? Even suppose the mother is antagonistic or uninterested, have we not at least a better understanding of Johnny and his difficulties as a result of the knowledge we have gained in the home?

In every instance then, it seems, does it not? that probably in time the mothers will be so conscious of need of advice re babies, pre-school children, and school children that they will be willing to go out of the home to get it. At present that time, as we know, has not come. Apparently we must still go to the mothers with our information until they learn its value. Even when they are ready to seek information, can we expect to give up home visiting entirely? Is there not something of intimacy about talking to the mother in her own home; do we not more clearly understand her difficulties by seeing her surrounded by them? Is it not true that we might quite glibly tell a mother to put the baby's feeding into seven bottles and put them in the ice-box—when a home visit reveals but one bottle and no ice-chest? Can we not do better teaching having fortified ourselves with a knowledge of home conditions, difficulties, etc.?

We look forward to the mothers of the future being health teachers because of work done in schools now. Can we not look forward to an earlier date when the mothers of the present will be qualified to do it because of work done in the home?

Discussion—Health Training in the Home

By MARION E. NASH, Reg.N.

To quote Miss Thomson, "before any teaching can be done the individual must first have experienced a need, must desire the fulfillment of that need, and must use immediately information gained in response to the need." This is exactly what happens when the public health nurse, who includes nursing care in her educational programme, is called to a home.

Patient and family realize that there is a situation that they are not capable of handling. It may be that the need expressed is only for nursing care, but the nurse responds to their call for help and shows them how to cope with the difficulty by giving a practical demonstration, which she calls upon some member of the family to put into practise during the next twenty-four hours. She also does something more: she endeavours to make them realize that the responsibility for the patient's well-being rests on the family, and shows them that if the patient is to get well there must be team work between doctor, nurse and family.

The health teacher who gives nursing care has the advantage then of being wanted. She has done something tangible for family comfort, consequently has inspired confidence, and the family are in receptive mood to accept instruction. She has in turn shown her confidence in the family by expecting some effort on their part; has demonstrated what she means by personal and home hygiene, showing as she works how simply these rules of health can be observed. The nurse carries with her no elaborate outfit; she works with the material at hand, however inadequate, endeavouring wherever possible to

(Miss Marion E. Nash, Reg.N., Supervisor, Pre-Natal and Maternity Service, Victorian Order of Nurses, Montreal.)

have the family supply articles necessary for good work, but demonstrating that with a little ingenuity and good-will she can maintain a perfect technique with the articles found in any ordinary home.

We are taught that if teaching is to be effective we must relate the unknown to the known, and this is what we do when we teach health in the home. The nurse in the home has the opportunity to observe the whole family, gets an insight into the home situation, wins the confidence of the family and learns what are the needs of that particular family.

What better opportunity can a nurse have to teach than during the long weeks of care given to the acutely ill, the pneumonia patient, the typhoid, the acute heart case, the communicable disease, when with the aid of a bungalow apron, a nail brush, a couple of basins, and some newspapers, she turns the scarlet fever room into a hospital? Here, if her care is to be of value, she must teach some responsible member of the family to care for the patient in her absence, explaining the reason why each thing is done; she helps the mother to trace the possible source of infection, explains to her how these diseases can be prevented, and during the long weeks of convalescence, teaches the mother to watch for and guard against the complications that so often leave children handicapped for life.

The speaker has mentioned the care given to the expectant mother, and most assuredly the best place to give the greater part, at least, of this care is in the home, because ante-natal teaching must of necessity be individual, must be suited to the needs of the patient, and must take into account the patient's environment. Financial conditions play an important part in the well-being of the expectant mother, or it may be that there is in the home a mother or relative who very largely influences her outlook, and unless you can explain away the prejudices and win the co-operation of this third party you are up against a blank wall. Moreover, where the patient knows that the same nurse who gives her ante-natal advice is going to care for her at confinement and the following six weeks, there is that little feeling of pride, of trying to live up to what the nurse expects of her.

Group teaching saves the nurse's time, stimulates healthy competition, and gives an opportunity to demonstrate the ideal; but I feel that it is only of value if used in conjunction with home teaching. I would not, of course, minimize the value of health teaching in the school, but think that the school should be used rather as an instrument to reach the younger brothers and sisters in the home, before they have formed bad health habits; in other words, we need active co-operation between school and home.

Dr. McMurchy and Dr. Hastings have stressed the fact that although the infant death rate has been cut almost in half in the last few years, the death rate in the first month of life has remained stationary. Dr. Hastings attributes this fact to lack of pre-natal care, but may this not be due in part to lack of skilled care and teaching at confinement and immediately following? In the past two months in Montreal district we were present at 320 births, 15 of which were premature, and we had 17 still births. Of the 320 living infants, five full term and six premature babies died before the end of five weeks, or 34.4 per thousand, in a city with an infant death rate of 146 per thousand. In other words, a V.O.N. baby has more than four times the **chance** for life than has the baby not so attended.

Of our fifteen premature babies, 40 per cent. died, which is a fair per-

centage considering the difficulty of keeping these babies warm in the average home. I think these figures speak for themselves, and are a very good argument in favour of home teaching.

To obtain the best results with our home teaching we must not forget that for a general programme we need the nurse with the very highest type of training, for not only must she be ready to teach one subject, but she must be able to handle equally well any health problem that may arise. She must be quick to observe and seize her opportunity, must have teaching ability and personality as a complement to a good, practical knowledge of nursing procedure. Given the nurse with these qualifications, and there are many of them, and providing that we remember that the nurse who puts her best into the work must have suitable hours and remuneration if she would keep fit, health teaching in the home ought to produce the best results.

(Read at the Public Health Section session, Canadian Health Congress, 1926.)

Canadian University Courses in Public Health Nursing

The Education Committee of the Public Health Section has collected the following information to indicate the extent to which public health nursing courses are now available in Canadian Universities.

Courses for Graduate Nurses

	University of B.C.	University of Western Ontario	McGill University	University of Montreal	University of Toronto
Length of Course	7½ mos.	9 mos.	9 mos.	9 mos.	9½ mos.
Approximate Cost	$500-$600	$500-$550	$500-$700	$500	$600
Approximate length of field work	3½ mos.	4 mos.	14 weeks	approx. 900 hours	3 mos. full time plus some part time work.

The following additional information has been obtained:

St. Francis Xavier University, Antigonish, Nova Scotia, is announcing a new five-year course of combined hospital and University work to begin September, 1926. This course leads to a degree.

The Universities of B.C. and Western Ontario are giving five-year courses of combined hospital and university work leading to a degree.

The University of Toronto is announcing a new four-year course in public health nursing, two years at the University and 26 months of hospital training. No degree.

Dalhousie University, Halifax, is not offering a course at present, but hopes to resume its work in public health nursing at a later date.

(Signed) E. K. RUSSELL,
Convener, Education Committee.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Outdoor Clinic Work in Edmonton

By A. M. MACLEOD, University of Alberta Hospital, Edmonton.

The Out Patients' Department in connection with the University of Alberta Hospital has grown to such an extent during the last three years that it is now a real factor in the community for the advancement of health, as well as being an ideal training ground for medical students and student nurses.

Until a year and a half ago this work was carried on in the hospital proper, but as it grew in extent, arrangements had to be made for better accommodation. As a result, the Out Patients' Department or the Out-Door Clinic (as it is commonly called), was opened in the heart of the city. At first people did not understand the nature of the work carried on in this department. As more patients were treated, however, it became better known, and now there are over 4,000 names on the files.

A patient entering the Out-Door Clinic is questioned by the Social Service secretary as to home and financial conditions to determine if eligible for treatment. The nurse in charge then questions the patient and refers him to the proper service, which may be medical, surgical, eye, ear, nose and throat, orthopaedic, gynaecological, genito-urinary or skin. The various doctors attend the clinic on the days appointed.

The patient is examined and advised as to treatment. The doctors' services are free to the patients, but if treatment is necessary the patient is required to pay for this to the best of his ability. Any small treatment that can be given at the clinic is included in its free service. The Social Service secretary inquires into needy cases and endeavours to secure help for them from organizations such as the City Welfare Board and Provincial Public Health Bureau.

During the University term the fourth, fifth and sixth year medical students attend the department when clinics are held. They get practical experience which would never be gained in the hospital. The nurse in charge has two student nurses with her for two months at a time to assist with the routine work and be present at all examinations of patients.

The Social Service secretary does the follow-up work, which means visiting the homes. She is accompanied by one of the student nurses on many of her visiting tours. I, myself, visited twenty-nine homes during my two months at the Out-Door, and, as may well be imagined, saw many types of homes and people. One thing which always impressed me was the hearty welcome given the nurses and the real appreciation of the women for the assistance they and their families received. Some of these families were in great need, others merely in straitened circumstances. The Out Patients' Department is answering a real need in these

homes and helping many along the road to health, as is evident in the growing numbers of patients being treated as the months go by.

This is the only Out Patients' Department of its kind in Edmonton, if not in Alberta, and we feel fortunate in having such a department in connection with our hospital, which gives us as student nurses an insight into a field of nursing not always experienced during the years of training.

Our Graduation

By ISABEL McBRIDE, Class 1926, Calgary General Hospital

During the months of May and June, the 1926 graduates pass from hospitals, schools and colleges to join that long procession—the graduates of other years. It is a significant change, for it means the end of beginnings, and the beginning of new ends.

Our Graduation! It is a long-awaited day, a day with many meanings. To us who have just completed our training, graduation means more than our ribbon-tied diplomas, more than our graduate pins, and more than the black velvet bands on our caps.

These are only the outward and visible signs. Deeper and more significant than these is the consciousness that the vocation we have chosen has accepted us as qualified nurses, "with all the rights and privileges appertaining thereto."

It is a vocation of which we are very proud. In these days when men and women are competitors in most professions, nursing is one which belongs pre-eminently to women. It is one to which women are peculiarly adapted, for it requires a woman's tact, understanding and sympathy as well as firmness, obedience and scientific knowledge.

All our years of training have been in reality probation years, and although there have been times of discouragement when duties seemed to multiply far beyond our capacity to overtake them—interest in those entrusted to our care prompted us to go on with always the renewed assurance that the accomplishment of our task was worth while and we resolved anew to achieve our aim.

But they have been busy and happy years, too; and crowded with study and duty, with the encouragement and help of those in authority, with the experience we have gained and the friends we have made. They have fitted us for a vocation which offers many opportunities for the service which brings a lasting happiness.

In the opinion of Dr. G. E. Vincent, president of the Rockefeller Foundation, speaking at the annual meeting of the Victorian Order of Nurses for Canada, the public needs education with regard to the nurse. The public must be taught that many social careers were competing with nursing for the services of young women today: that personality, family and cultural background were of vital importance to the nurse; that sound professional training was essential; that high standards for such training and for nursing service must be maintained for the protection of society; that a system of registration for nurses was indispensable; that adequate compensation and superannuation must be accorded her. The public expected a good deal of the nurse. Ofttimes this expectation was exaggerated and unreasonable. She was supposed to possess an ample fund of scientific knowledge and magic skill. She was counted upon for sympathy and friendliness under often the most trying circumstances. Many households thought she must lend a hand with domestic tasks. There was a feeling also that she must not ask very substantial remuneration, but should be content with the consciousness of sacrifice and with the knowledge that she was helping her fellows.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
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*The Relation Between the Nursing Service of the American Red Cross and the Army Nurse Corps**

By Major-General M. W. IRELAND

The reserve force for the Army Nurse Corps is organized very differently from the reserve forces of any other part of the army.

For the Medical Department of the army there is a reserve officers' corps, which functions directly under the Surgeon-General. Medical officers of this reserve, who receive reserve commissions from the President, are appointed and controlled by the War Department through the Surgeon-General's Office.

The system employed for the Nurse Corps is quite different, and is so because of the development of nursing in the United States and because of the prominent part that the Red Cross Nursing Service has played in the past wars of this country. The nursing in the army until a few years ago was done entirely by men, although we find evidence that the services of women were authorized for various duties in connection with hospitals even in the Revolutionary period. Again, during the Civil War in 1861-65, women were employed in large numbers by the army to assist in the care of the sick and wounded soldiers in hospitals, but as there were at that time no trained nurses in this country the duties of these women were confined to such services as their kind hearts, humanitarian instincts, and the niceties of life in which they excell dictated. Between wars, however, the number of women so employed was negligible. At the time of the Spanish-American War, 1898, the situation was not the same, for qualified trained nurses were then available. The army, however, had had no experience with them at this time. When in April, 1898, it was obvious that large numbers of nurses would be needed for the army, and Congress, at the request of the Surgeon-General, authorized him to employ nurses under contract and made an appropriation for their payment. No restriction was made as to sex, since at the time it was thought that women nurses would be needed only at a few general hospitals. Many women, however, applied and through the co-operation of the National Society of the Daughters of the American Revolution their qualifications were examined and passed upon, though appointments were made by the Surgeon-General. Moreover,

(*Read at the second Pan-American Red Cross Conference in Washington, May 25th-June 5th, 1926.)

through the efforts and to a certain extent at the expense of what was then known as the American Red Cross Society, the services of nurses were offered to the army. Prior to July, 1899, the total number of applicants at that date had reached 6,000 (p. 94, A. N. McGee's paper, 1899, "Women Nurses in the American Army"). So efficient were many of these women in changing the unsatisfactory conditions existing in army hospitals, where many cases of typhoid fever and other infectious diseases were being treated, the authorities became convinced of the desirability of a permanent force of trained nurses to be connected with the Medical Department as a component part of the army. As a result, in February, 1901, the Army Nurse Corps was authorized by Congressional enactment. Some of the nurses who had served with the army in the Cuban and Philippine campaigns were the first members of the corps. They became regulars in the service by appointment to serve for a period of three years, continuation of service being possible at the end of each succeeding three-year period.

As a result of the experience gained in the Spanish-American War, Dr. Anita Newcombe McGee, Acting Assistant Surgeon in the United States Army and in charge of the Army Corps during the war as its first superintendent, stated in 1902 in an article that she prepared for the Journal of the Association of Military Surgeons, that definite provisions should be made for war reserve nurses for the army. She said, "The civil profession of nursing must necessarily be called upon and definite provisions should be made in advance so that our Government may never again be dependent upon haphazard aid. It is quite possible, with existing laws and with present nursing conditions, for a large reserve nurse corps of perhaps 2,000 nurses to be gradually formed and maintained by admitting trained women nurses to our army hospitals in a constant succession of squads of such size as may be desired by the military post granting courses. During their time of service these nurses would supplement the work of the permanent corps, and on its completion, provided their fitness for the service is proven, they should be placed in the Reserve. In emergency these Reserves should be called upon, the Chief Nurse being taken from the permanent nurse corps. The need of some such plan as this is a matter of history, and if the American Army is to retain its place in the front ranks of the world's armies it is plain that progress must follow the lines of experience gained during the Spanish-American War." However, Dr. McGee's plan for a reserve for the Army Nurse Corps did not work out in a way that was of any great importance in relation to the corps. Dr. McGee's successor, Mrs. Kinney, secured the establishment by the Surgeon-General of an Eligible Volunteer Corps early in 1904, and regulations were prepared showing the requirements and method of control of such volunteer nurses should they be called into active service. Nurses did not enroll, however, in large numbers in the volunteer corps, and the indifference of the nurses to this opportunity to express their willingness to serve their country in its time of need appeared so great that the editor of the American Journal of Nursing in September, 1905, issued a stirring appeal, showing that only 41 nurses out of 30,000 in the country had enrolled, and called for volunteers.

The Nursing Service of the American Red Cross was organized in 1909, with a National Committee composed of representatives of the War Relief Board, the Emergency Relief Board and the Nurses' Associated Alumnae of the American Red Cross. The chairman of this committee was the

then superintendent of the Army Nurse Corps, Miss Jane A. Delano, who had but recently accepted this appointment. In consenting to become chairman of this committee, Miss Delano said that one of the motives which (p. 797 A.R.C.) influenced her in accepting the army position was the opportunity it would give to bring about a close relationship between the Army Nurse Corps and the Red Cross Nursing Service.

When Miss Delano became superintendent of the corps in 1910, there were not more than twenty nurses reporting regularly as members of the Army Nursing Reserve, and she concluded that the best way was to do away with the branch of the Army Nurse Corps and to have the Red Cross authorized to provide this service. The Surgeon-General agreed to her suggestion. When Miss Delano resigned as superintendent of the corps, she wrote to the Surgeon-General giving as her reason that her only object in leaving the corps was that she might have the time to devote to the development and maintenance of an adequate reserve of Red Cross nurses for the service of the army (p. 97-98, American Red Cross History).

At this period of the history of the American Red Cross Nursing Service there were on the list of the Red Cross 3,000 selected nurses who would be available for service in the Medical Department in case of emergency.

Through Miss Delano's influence the Red Cross Nursing Service was reorganized and became the official reserve for the Army Nurse Corps, and the army eligible list of volunteer nurses was finally discontinued. In the outline of plans for the enrollment of nurses adopted by the National Committee of Red Cross Nursing Service at its meeting in January, 1910, there appears this paragraph included among the objects of the Nursing Service, which shows the first official relationship of the Red Cross nursing enrollment to the Army Nurse Corps: "In cooperation with the Medical Departments of the Army and the Navy to provide instructions for enrolled nurses for the special duty that would be required of them in time of war" (p. 103, American Red Cross History).

By Act of Congress approved April 24, 1912, the American National Red Cross was authorized to render aid to the land and naval forces in time of actual or threatened war. In April, 1913, a special committee was formed to formulate plans for the organization of a Red Cross personnel to be called upon for service, either in time of disaster or with the military forces in time of war. At this time came the proposal as an experiment to organize at various selected points hospital columns, made up of physicians and nurses, who should be brought together for special instruction. It was estimated that in the event of war with a first-class power nearly half a million of volunteer troops would be needed, with 4,000 nurses for the Army alone, with an additional 1,000 nurses for the Navy.

Though in practise the formation of the reserve of the Army Nurse Corps through enrollment of Red Cross nurses had been accepted for a long time, the regulation making the Red Cross enrolled nurses the reserve corps of the Army Nursing Service was not promulgated in orders until in 1916. It reads: "The enrolled nurses of the American Red Cross Nursing Service will constitute the reserve of the Army Nurse Corps and in time of war or other emergency may with their own consent be assigned to active duty in the military establishment."

In the United States a Red Cross nurse is not a nurse that is trained by the Red Cross, for the American Red Cross does not conduct schools

for nurses in this country and is in no way responsible for the preparation of nurses for the profession or for any phase of nursing. In this respect the American Red Cross differs very radically from the Red Cross Societies of other countries, which prepare nurses for disaster and war nursing and conduct courses for nurses.

In the United States the Red Cross enrolls or lists nurses and keeps in close contact with them through its carefully worked out system of State and local committees, in co-operation with the American Nurses' Association through its State organizations.

The qualifications for Red Cross nurses are very high, and in consequence, to be a Red Cross nurse is to be the highest type of nurse, and for a nurse to have a Red Cross badge and number means that she is fully qualified for any service, meets all professional requirements, is ticketed and labelled and really need have no further questions asked about her. She must, of course, meet certain physical and age requirements for active duty, but if she is a Red Cross nurse she is a graduate of an accredited school of nursing, has passed her State Board examinations and is in good standing in her profession, and, moreover, has agreed to be ready for any national emergency.

Emphasis should be given to the fact that the Red Cross has no form of contract with the enrolled nurses. Each nurse on applying is asked to answer the question, "Would you be willing to accept active service if the U.S. becomes involved in war?" but even if nurses have answered this in the affirmative, as they all do, it is quite possible for them to be excused from active duty if at the time of an emergency there are valid reasons why they are not available.

The World War was not the only occasion when Red Cross nurses were in readiness and volunteered for duty, for there have been no calamities of any sort in this or other countries when American Red Cross nurses have not come forward immediately with offers of service. Among them all is a strong sense of moral responsibility, which is more powerful than any form of contract or any hope of pay. In local disasters Red Cross nurses frequently serve without remuneration.

The Headquarters office keeps its files up to date by annual questionnaires and keeps lists of nurses classified according to availability for different needs of service—for instance, any general enrollment for active duty, home defense and public health nursing.

Since the National Committee of the Nursing Service of the American Red Cross is composed of representatives of the National Nursing Associations and heads of the Government Nursing Services and other nurses who are leaders in their profession, the Director of the Red Cross Nursing Service is supported in her administration of the nursing enrollment and assignment to active service by a strong body of advisers, who from the inauguration of the service have been responsible for outlining its policies. This arrangement has effected a close relationship between the Red Cross Nursing Service and the powerful national groups of nurses, and has led to a harmony of policy and action that has made the Red Cross Nursing Service the effective, vital organization that it is. No greater proof of this could be found than the record of its activities during the World War.

Some experience in assigning Red Cross nurses to the army was gained in the summer of 1916, when the Surgeon-General had called upon the Red Cross for 100 nurses for duty in base hospitals on the Mexican border, and in consequence matters of general procedure had been worked out to a certain degree.

During this year, too, the organization and equipment of fifty base hospitals by the Red Cross had been

commenced. Through the co-operation of army medical officers and Red Cross officials, this plan had been worked out, which proved to be of inestimable value to the army when it was called upon to meet war conditions. These base hospitals were staffed by large, well-organized institutions, usually teaching hospitals, and each staff was composed of doctors and nurses and others who were well known to each other and accustomed to work with each other. When fully equipped and organized these units were taken over by the army and became part of the Medical Department, directly under the control of the Surgeon-General. The nurses of the units, all Red Cross nurses, were sworn into the Army Nurse Corps as reserve nurses and became a regular part of the corps. In the organization and equipment of the base hospitals for the army, with a total personnel of 4,397 nurses, the Red Cross accomplished the greatest single project of medical and nursing preparedness in history (p. 339, American Red Cross History).

But this was not the extent of its contribution by any means as far as the assignment of nurses to active service in the army was concerned. The story of the securing of the thousands of nurses needed for the Army and Navy Nurse Corps during the war is one of co-operation, efficiency, and hard work, for in addition to sending the fifty base hospital units overseas, came the need of meeting the request of the Surgeon-General for 1,000 nurses a week for a long period, for other needs of the Army Nurse Corps. Red Cross nursing committees throughout the country were straining every nerve not only to get hold of every available Red Cross nurse for active service but to enroll new members. Young women just graduating from accredited schools of nursing in which a general course was given and which had an average daily of 50 patients were signed up literally by the scores. How long this could have continued is not known, as the source of supply was rapidly being depleted and hospitals and other organizations using nurses had given up all they could spare and more. Nurse leaders were casting about for some method to increase the supply of women for the army and navy. Projects were on foot to draft into the service student-nurses not yet graduated and also nurses' aides, and a large campaign had been started to recruit young women to civil schools of nursing and also to the newly-authorized Army School of Nursing. Luckily, the Armistice put an end to the immediate need for these emergency schools.

The total number of graduate nurses enrolled by the American Red Cross during the period of the war was 33,328 and the total number of graduate nurses procured for active service for the government was approximately 22,000.

At the present time there are 43,000 enrolled Red Cross nurses, and should the army need tomorrow, for a national emergency, a large reinforcement of its Nurse Corps this is what would happen. The Surgeon-General would notify the Red Cross that so many nurses were required in a certain part of the country. The Director of the Nursing Service of the Red Cross would send forth the messages to the local Red Cross nursing committees in or near that part of the country and the members of those committees would telephone to the nurses on their lists calling them into active service. As these nurses reported their readiness their names would be telegraphed to Headquarters and be in turn submitted to the Surgeon-General's Office, where official orders would be made out and sent to them telling them to report to a certain army official to take their oath, and from that moment they would be under military control. This sounds like a complicated procedure, but ex-

perience has shown that in fact it works very simply because each detail of it has been planned out so carefully.

In the main hall of the Red Cross building in Washington is a large service flag covered with stars. The single blue star represents the 19,877 Red Cross nurses who have been in active duty in the Army and Navy Nurse Corps and in the Red Cross, but there are 198 gold stars in memory of those who died in service. Although none of these were killed by enemy action, disease and accident in line of duty caused their deaths. Their names are held in reverent remembrance and their sacrifice and heroic death will always be an inspiration to the steadily increasing army of young nurses, graduating from our fine schools of nursing and coming forth to take their places in the list of American Red Cross nurses who until their country needs them will go quietly about their professional work in hospital and home, but always ready for the "call that cannot be denied."

This then is the relationship of the Red Cross Nursing Service and the Army Nurse Corps, a relationship of preparedness, efficiency, co-operation and loyalty.

News Notes

At the Canadian Nurses' Association general meeting to be held in Ottawa, August 23rd to 27th, 1926, the unveiling of the Nurses' Memorial will take place on Tuesday, August 24th. Several suggestions have been received by the Committee on Arrangements regarding a gathering for Overseas Nurses. The committee decided upon a dinner on the evening of Tuesday, August 24th, at the Chateau Laurier Hotel; this dinner will be informal. Will Nursing Sisters who intend being present, kindly send their names to Miss Garvin, Isolation Hospital, Ottawa. It is hoped that all the returned nurses will be present.

ALBERTA

The Edmonton Overseas Nursing Sisters' Club will be represented at the unveiling of the Memorial to Nursing Sisters, and the Overseas Nurses' dinner, in Ottawa, by Miss E. Robinson, R.N.

The following letter from the Secretary, College of Nursing, London, England, dated 3rd July, 1926, to the Editor, was received as this number was being sent to press:

"As several of our members have written to us with reference to a leaflet which has been sent to them regarding the formation of a body to be known as BRITISH COLLEGE OF NURSES, the Council thinks it right to state publicly that the College of Nursing has no connection whatever with the proposed British College of Nurses. The College of Nursing, whose only address is Henrietta Street, Cavendish Square, W.1, will continue its work as heretofore in the interests of the nursing profession in this and other countries.—I remain,

"Yours faithfully,

(Signed) "M. S. RUNDLE,
"Secretary of the College of Nursing."

News Notes

ALBERTA

CALGARY

The quarterly business meeting of the Calgary Association of Graduate Nurses was held on June 15th in the Y.W.C.A. New officers were nominated, election to take place at the September meeting. Miss Agnes Kelly was appointed to act as president during the absence of Miss Nan B. D. Hendrie.

Miss E. McPhedran has been appointed a delegate to the general meeting of the Canadian Nurses' Association.

Mrs. de Satge left recently for a sketching trip by motor through the Canadian Rockies and the Columbia Highway, U.S.A.

Among those who are enjoying their annual holiday are: Miss MacDonald, at her sister's summer camp; Miss Murphy and Miss Weddick at Banff, Miss Slater at Seattle, Miss Hebert at Jasper Park, Miss Conal at Waterton Lakes, Miss Whale at the coast, Miss MacRea at Regina, and Miss Angus at Irricana, Alta.

Some of those who have returned are: Misses Hennessy and Topson from Portland, Ore., and Misses Fisher and Stone from a motor trip through Saskatchewan and Alberta.

EDMONTON

Miss E. Robinson, R.N., will attend the general meeting, C.N.A., at Ottawa, as a delegate from the Edmonton Association of Graduate Nurses.

BRITISH COLUMBIA

Results of Provincial Examination for the Title of Registered Nurse

The following list shows the names of nurses who passed the recent provincial examinations for the title of Registered Nurse and use of the letters R.N. Examinations were held in all training schools connected with hospitals where there were candidates, under deputy examiners. The names are given in order of merit:—

Misses N. Oxley (Vernon Jubilee Hospital), A. L. Jones (Vernon Jubilee Hospital), Edythe L. Scott (St. Paul's Hospital, Vancouver), Florence Innes (Vancoucer General Hospital).

Misses M. Gay, E. Smith, M. MacDonald, S. McIntosh, M. Kerr, K. Blakey, D. Burrows, E. Wolverton, J. Leveson, E. Gray (Mrs.), V. Burden, O. Lafere, H. Hawes, T. Levar, M. Foerster, M. Carley, F. Creelman, M. Large, B. Sargent, P. East, A. Smith, E. Gilman, E. Brown, A. Gifford, M. Clements, E. Zottergreen, A. Thompson, W. Smythe, V. Kingscote, C. E. Whitehead, A. L. Sparks, M. Francis, E. O'Reilly, L. Hodgins, M. McNaughton, N. Armstrong, E. Rutherford, A. Matthews, A. Senay, M. Rowland, L. Kennedy, V. Craig, W. Chaplin, C. Kerr, E. McCurdy, J. F. Evans, P. Rising, H. Blatchford, B. Gilmer, B. Gourlay, K. Hills, M. Smith, M. Gibson, H. Massie, O. Woodburn, M. Bunbury (Mrs.), E. L. Peterson, K. Mosdell, H. Hall, M. Hodgan, A. L. Nelson, D. J. Grubb, G. Rogers, H. Essen, E. A. Hanafin, J. Randle, M. Henderson, J. Whiteside, J. Schumacher, B. Reid, A. Geary, B. H. Wilgress, E. Pousford, E. Sloggett, M. Liboiron, N. Spencer, L. Oke, J. McLeod, E. A. Evans, E. Wilson, E. H. Brown, E. Milward, W. J. Gillis, G. Clay, W. Harvey, E. Code, D. Stewart, L. Atkey, R. Watts, L. Darke, A. Erickson, S. Peterson, M. Ritchie, M. Nixon, E. Turner, M. Killeen, B. Bedard, K. Haigh, W. Glaister, E. Knowles, M. McCann, L. McRostie, A. Wambeke. Passed Supplemental—Teresa Duncan.

NEW WESTMINSTER

The twenty-fifth anniversary of the establishment of the training school for nurses at the Royal Columbian Hospital was recently celebrated by the graduates and their friends when a banquet was held in the Kiwanis Community Hall. One hundred and fifty-one graduates responded to the roll call, each giving a brief summary of her career and present position. The special guests of the evening were the graduates of class 1926. The tables were decorated with blue and golden flowers and centred with miniature reproductions of the old Columbian Hospital and photographs of each graduating class, and for place cards, dainty miniature nurses.

Reminiscences of the old training school were given by Miss McAllister, Mrs. B. Gunn, Mrs. J. McLeod (Grace McCallum), Mrs. Bond (Gwen Taylor), Miss Drysdale, Vancouver, Miss R. Moulton, and M. McDonald; and Miss Viola Bishop spoke on the changes and progress that had taken place.

Old graduates present were: Mrs. McCullough (Fannie Seathes), Miss Madge Potter, Mrs. F. Phillips (Mary Murray), Mrs. H. Airth (Ruth Elvin), Miss Katherine B. Stott, Miss Lillian McAllister, Mrs Kerr (Olive Thompson), Mrs. Birchfield (Lena Percy), Mrs. Hatfield (Constance Wiltshire), Mrs. McLeod (Grace McCallum), Mrs. William Patchell (Eva Campbell), Mrs. Coombs (Alice Croskell), Mrs. A. Courtenay (Laura Johnston), Mrs. B. Gunn (Jessie Waddell), Miss Dora Hine, Mrs. Cameron (Marjorie Burrows), Mrs. A. Huff (Betty Nelson), Miss Leila Grier,

Mrs. Bantan (Leslie Grant), Miss Alice Jarrett, Mrs. McIntosh (Patricia Fryer), Mrs. Marr (Audrey Mother), Miss Lena Standish, Miss Amelia Robertson, Miss Louisa Drysdale, Mrs. McDonald (Mary Hughes), Mrs. Murray Watson (Jean Taylor), Miss Irene Abrams, Mrs. Lewis (Vera Madill), Miss Kathleen Halliday, Miss Margaret McDonald, Miss Gladys Brown, Miss Reta Moulton, Mrs. Mercer (Flossie Waltham), Miss Beatrice Keller, Miss Lydia Eastman, Miss Dorothy Bell, Miss Viola Bishop, Miss Ruby Green, Miss Lillian Gibbs and eleven members of the graduating class of this year.

The 1926 graduation exercises of the Royal Columbian Hospital were held on June 5th, in the Duke of Connaught High School. His Worship Mayor Annandale presided, and the Rev. E. A. Chester gave the invocation. The chairman of the hospital board, Mr. J. N. Aitchison, spoke briefly to the assembly, and Dr. S. C. McEwen delivered the address of the evening. The graduates, who were led by the Rev. Mr. Chester in repeating the Florence Nightingale pledge, are: Misses A. Bose, A. Duncan, A. Erickson, A. Tifford, M. North, Gillies, Haig, Olson, M. McDonald, I. McFee, and A. Senay. Medals and diplomas were presented by Miss Stott, superintendent of nurses, and Mrs. J. Forrester. Prizes awarded were: In surgery, by Dr. E. J. Rothwell, Miss Bose; for highest marks attained, by the Fraser Valley Medical Association, Miss M. North; for general proficiency, by the Graduate Nurses' Association of New Westminster, Miss A. Tifford.

In honour of the exercises being the twenty-fifth held by the training school, a number of former graduates attended in uniform.

The local Graduate Nurses' Association entertained the class 1926 at Dr. Rothwell's camp, Crescent Beach, and several other social functions were held in their honour.

VICTORIA

N/S Ethel Morrison and N/S Gregory-Allen, of Victoria, are among the delegates appointed to represent the British Columbia Graduate Nurses' Association at the general meeting C.N.A., in Ottawa. Mrs. E. A. Dixon (N/S A. Kirkham) will represent the Victoria Graduate Nurses' Association.

Miss Mary McCuaig has resigned her post as supervisor of the Obstetrical Department, Royal Jubilee Hospital, Victoria, and is leaving for an extended holiday in the East. She plans to attend the general meeting in Ottawa.

On May 12th a very delightful luncheon was held in the Hudson's Bay private dining room. Twenty-five overseas sisters were present at this annual function and though there is no Overseas Club in Victoria all present decided that another social function be held next year on the same date.

MANITOBA

BRANDON

Miss C. J. Sutherland has resigned from the Brandon General Hospital staff and left for her home in Gilbert Plains, where her marriage to Mr. A. J. Jones will take place in August. Prior to leaving the city she was well "showered" with useful gifts by her many friends, including a case of silver flatware from the medical staff, a silver entree dish from the Graduate Nurses' Association, and a silver platter from the hospital staff.

On the 30th May, Decoration Day, wreaths were placed on the Cross of Sacrifice by N/S Mitchell, representing the Overseas Sisters, and by Mrs. A. V. Miller for the Brandon Graduate Nurses' Association.

Miss Florence Crawford, 1922, who has been holidaying at home, has returned to Woodlawn, Calif., accompanied by Miss M. J. Burnett, who will spend her vacation in the south.

A children's fresh air camp under the auspices of the Citizens' Welfare League has been opened at Lake Clementi, with Miss Shaughnessy in charge pro tem. Members of the B.G.N.A. have volunteered their services in turn for the summer weeks.

Miss A. F. Mitchell (Mental Hospital) was "surprised" by a shower of pretty handkerchiefs on the evening before leaving for a holiday in England and the Continent.

NOVA SCOTIA

With delegates in attendance from various sections of the province bringing the enrollment up to seventy, the 18th annual meeting of the Nova Scotia Registered Nurses' Association opened at the Dalhousie University Public Health Clinic, Halifax, Nova Scotia, Thursday, June 24th. Opening at 9 a.m. with a series of committee meetings, followed by executive meetings, the regular business sessions began at 1.30 p.m. Reports of the various officers and conveners of committees were presented during the afternoon. A feature of this session was the report of the registrar, Miss Fraser, who gave in detail an account of the work of the Association during the year. Miss Fraser was reappointed to the responsible post of registrar before the session concluded.

At four o'clock the meeting was favoured with a most interesting and instructive address by Miss Smellie, chief superintendent of the Victorian Order of Nurses for Canada. Miss Smellie took for

her subject (by request) the International Council of Nurses' Congress, held in Finland in 1925. To those who were unable to be present at that congress it was a great privilege to hear Miss Smellie's comprehensive report of the various sessions held, the social functions planned for entertainment of delegates, and the graphic descriptions of scenic beauties encountered during the trip.

Following the adjournment of this session the visiting nurses were guests at tea at the Waegwoltic Club and later at a banquet at the Carleton Hotel, the president, Miss Hubley, presiding. Miss Macdonald, Matron-in-Chief, C.A.M.C.N.S., and Miss Smellie were guests of honour.

Business was resumed the following morning at nine o'clock. There was an interesting and healthful discussion regarding the curriculum for nurses in the training school, and also of the problems of the private duty section.

The result of the election of officers for the ensuing year was then announced. Nursing Sister L. M. Hubley, who this year retires from the presidency of the Association, has made an ideal presiding officer, tactful and full of energy, and much of the progress of the Association is due to her leadership.

The delegates appointed to the biennial meeting of the C.N.A. in Ottawa are Nursing Sister L. M. Hubley, R.R.C., and Nursing Sister A. D. Allen, R.R.C.

Twenty-four nurses who successfully passed the required examination in October were received into the Association at the annual meeting.

The marriage of N/S J. A. Davidson, Halifax, Nova Scotia (No. 7 Canadian Stationary Hospital) and Dr. John Collie, F.R.C.S., London, took place in Drochedlie, Scotland, on June 10th, 1926. The honeymoon was spent motoring through England and Scotland. They take up their residence in London, where Dr. Collie practises his profession. Previous to her departure from Halifax many parties were held in Miss Davidson's honour, and the large number of gifts she received testified to the esteem in which she was held by her friends.

N/S Rose O. Young, Halifax, Nova Scotia (No. 7 Canadian Stationary Hospital) was married in Calgary in May, 1926, to Mr. P. S. Smith, of Calgary. They intend making their home in Windsor, Ontario.

ONTARIO

BRANTFORD

A meeting of District No. 2, Registered Nurses' Association of Ontario, was held at the Nurses' Residence, Brantford General Hospital, at 8 p.m. on June 14th. Representatives were present from Guelph, Ingersoll, Woodstock, Galt, Paris, Brantford and outlying districts. At the conclusion of the business session, Dr. C. R. Secord gave an interesting talk on "Nursing Care in Thyroid Surgery." Miss Jamieson was appointed convener of the finance committee, and Miss Hough, of the membership committee.

Mrs. Houlding has been appointed temporarily to the position on the staff of the Brantford General Hospital, recently held by Miss Annabel Hough.

Miss Alma Laur, B.G.H., 1926, formerly of the Tarrytown Hospital staff, is now at the Elyria Memorial Hospital, Elyria, N.Y.

The graduation exercises of Class 1926, Brantford General Hospital School of Nursing, took place in the Collegiate Auditorium on June 15th, at 3.30 p.m., when the following nurses received their diplomas and pins: — Misses K. Charnley, Ramsbottom, Lancs., England; E. G. Clarke, Toronto; F. B. Gerhard, Simcoe; E. M. Hill, Brantford; M. E. Howell, Brantford; A. H. Mair, Brantford; H. J. McDowell, Oxford Centre; M. J. Riddell, Hespeler; H. V. Robins, Brantford; E. C. Saul, Waterford; M. M. Shaver, Detroit; C. M. Slaght, La Salette; L. E. B. Spearing, Brantford; H. F. Tucker, Windsor; H. M. Turner, Brantford.

The invocation was offered by Archdeacon J. B. Fotheringham, and following a few remarks by the chairman, the annual report of the school was given by the superintendent of nurses, Miss E. M. McKee. Congratulations and good wishes from the Brant County Medical Association were offered to the class by Dr. R. W. Digby, and Judge A. D. Hardy addressed the graduates. The Florence Nightingale pledge was administered by Miss McKee. The presentation of prizes included: 1st, general proficiency, Miss K. Charnley; 2nd, general proficiency, Miss L. Spearing; practical and executive work, Miss Helen McDowell; highest standing, obstetrical nursing, Miss L. Spearing. Clinical thermometers and hypodermic syringes were presented by the Women's Hospital Aid and by the intermediate class respectively. Miss H. Booth was awarded the 1st general proficiency prize in the intermediate year, and Miss M. Waghorne received a similar one as a member of the junior year class. Later a reception was held on the Collegiate grounds, where a large number of friends of the graduating class gathered to offer their congratulations. The members of Class 1926 were the recipients of many lovely gifts and floral tributes. Girl Guides acted as ushers, under the direction of their captain, throughout the afternoon.

FERGUS

The annual meeting of the Alumnae Association, Royal Alexandra Hospital, was held at the Nurses' Residence on June 17th, with a large number of members in attendance. Dr. Groves, medical superintendent for the past 21 years, gave a most interesting address, following which a reception was held by Dr. and Mrs. Groves and Miss Petty, superintendent of nurses.

Miss Mary Jackson, R.A.H., 1914, has been appointed general supervisor at the Lord Dufferin Hospital, Orangeville, Ont.

FORT WILLIAM AND PORT ARTHUR

The graduation exercises of the McKellar General Hospital, Fort William, were held on May 18th, in St. Andrew's Church, which was decorated in the colours of the training school—purple and gold. The class flower, the iris, combined with roses and fern, formed a beautiful embankment about the platform. The invocation was offered by Rev. G. S. Clendennen, and addresses given by Dr. Hugh Grant and Dr. W. S. Pickup. The class repeated the Florence Nightingale pledge, led by Miss P. Morrison, superintendent of nurses, and were presented with their medals, pins and diplomas by Miss Morrison, and Mr. W. R. Coslett, president of the Hospital Board. The graduates were: Misses Ruby McLaren, Catherine Tweedley, Mae Moody (gold medallist), Alice Green, Mary Hetherington (silver medallist), Carolyn Robertson, Mary Pearson, Hilda Withershan, Rebecca McQuarrie, Ivy Wooler, Maybelle McGregor, and Hazel Barrie. All these graduates were successful in passing the examinations set by the provincial examination board. Several musical selections were rendered during the evening, and at the close of the exercises the members of the Hospital Ladies' Aid, the staff, and the graduating class were hostesses at a reception and dance held in the Elks Club.

On May 10th, the graduation exercises for the Class 1926, St. Joseph's Hospital, Port Arthur, were held in Wallace Hall, where the nurses and their friends were entertained by a well-arranged programme, interspersed with music. The speakers of the evening were: Mr. J. W. Crooks, Dr. C. Powell, and Rev. Father Paquin. The medals, diplomas and prizes were presented by Dr. H. Bryan and Mrs. Ticknor (St. Joseph's Hospital, 1925) to the following graduates: Misses Corine Brunette, Evelyn Coreau, Ellen Lest, Myrtle Barabe, Annie Novak, Clarine Anderson, Eileen Boswell, Edith Campbell, and Kathleen Burns. Before the exercises the graduates were entertained at dinner by the hospital staff, and the Hospital Ladies' Aid were hostesses at a reception and dance at the close of the programme.

Miss Annie Munroe is visiting at her home in Fort William. Miss Munroe is on a year's furlough from India, where she has been nursing at a mission belonging to the Baptist Church.

Miss Margaret Miller, of Tarrytown, N.Y., has been visiting with relatives and friends in Fort William.

Misses B. Bell and R. Wade, of the McKellar General Hospital staff, have left for Vancouver where they will spend a month's vacation.

GUELPH

At the annual meeting of the Alumnae Association, St. Joseph's Hospital, the following officers were elected for the year 1926-1927: President, Miss W. O. O'Reilly, Reg.N.; vice-president, Miss B. Corrigan, Reg.N.; secretary, Miss U. McDermott, Reg.N., 103 Quebec Street; treasurer, Miss S. Seveeney, Reg.N.

HAMILTON

Hamilton General Hospital

On June 7th, for the first time in the thirty-five years' history of the Training School of the Hamilton General Hospital, its graduates met in reunion at the Royal Connaught Hotel. Nearly 400 of the nurses who have passed out from this training school since 1891, with several of the very earliest graduates present, gathered at the hotel for a reception and dinner, which had for its raison d'être the entertainment of the graduating class of this year. From all parts of Canada and this continent nurses gathered in Hamilton for this special event. Among them was Mrs. Bridgeman, the first lady superintendent of the training school, who, as Miss Bowman, assumed charge there in 1891 and organized the school; Dr. Ingersol Olmsted, founder of the training school; Dr. W. F. Langrill, the present superintendent; Mr. T. H. Pratt, chairman of the Board of Governors and a member of it since 1889; and Miss Jean Gunn, Superintendent of Nurses, Toronto General Hospital, who was the speaker of the evening. Receiving the guests on the mezzanine were Miss Sabine, president of the Nurses' Alumnae; Miss Rayside, Superintendent of Nurses, General Hospital; Miss MacIntosh, Miss Edith Wright and Miss Jean Souter, all members of the Alumnae executive. The ballroom was ablaze with multi-coloured balloons, which floated from each table, and masses of lovely spring flowers were to be seen from one end of the ballroom to the other. Each table represented one of the graduating classes since 1891, and at five tables directly below the head table, were seated the 53 graduates of 1926.

Seated at the head table were Miss Rayside, hon. president of the Alumnae Association; Miss H. M. Sabine, president; Miss Isabel MacIntosh, vice-president; Miss Jean Gunn (Toronto); Miss G. Fairley (London); Mrs. Bridgeman (Aylmer); Dr. and Mrs. W. F. Langrill; Dr. and Mrs. Ingersol Olmsted; Dr. L. B. Mowbray; Mr. T. H. Pratt; Miss G. Clarke; Mrs. Jardine and Miss Cadenhead—the first two graduates of the training school. The toast list was very informal and enthusiastically received. Our King and Country, proposed by the president, was responded to by the singing of the National Anthem and O Canada; Our Alma Mater, Miss Jean Edgar, 1909, and Miss Jean Souter, 1921; Our First Graduating Class, by Dr. Olmsted and Mrs. Jardine, 1891, both of whom spoke in a charmingly reminiscent vein of the early days of the training school; The Class of 1926, by Dr. Mowbray, chairman of the medical staff of Hamilton General Hospital, and Miss Brand, 1926; Our Other Guests, by Miss Laidlaw, 1900, and Mrs. Bridgeman and Miss Fairley; Hamilton General Hospital, by Mrs. Lillian Flynn, 1909, and Dr. W. T. Langrill and Mr. T. H. Pratt; Our Absent Members, by Miss Boyd, 1915, and Miss Pegg, 1914, who read a number of telegrams and letters of greeting from far-away friends, among them being one from Miss Madden, a former superintendent, who is at present in Italy.

A very happy feature of the evening was the presentation to Mrs. Bridgeman of a lovely bouquet of roses from the nurses present who were graduated under her administration. The Collegiate Orchestra played throughout, and the community singing and a vocal duet were much enjoyed. The entrance during the evening of the Hamilton Medical Society Orchestra, which gave a number of selections, was taken as a very graceful overture to the nurses from the medical fraternity. Miss Jean Gunn's address on Nursing Conditions in Central Europe proved a most interesting one. The committee responsible for the excellent arrangements and programme are to be congratulated.

The graduation exercises for the 1926 Class of the Hamilton General Hospital were held on the lawn of the hospital on June 8th. Fifty-three nurses received diplomas, which were presented to them by the Very Rev. Dean L. W. Broughall. Mr. T. H. Pratt, chairman of the Board of Governors, presided, and Dr. Langrill, superintendent of the hospital, after speaking of the place of a hospital and nurses in the community, administered the Florence Nightingale pledge. Dr. Mowbray, chairman of the Medical Board, addressed the graduating class, emphasizing some of the clauses in the Florence Nightingale pledge. The University Scholarships were presented by Mayor Treleaven, and the prizes by the donors, as follows: The University Scholarships presented by the Board of Governors of the Hospital, awarded to Miss Florence Walker and Miss Catherine Chapple; the Emma F. Pratt Scholarship for general proficiency, given by Mr. T. G. Pratt, to Miss Myrtle I. Harrod; the Mary McLaren House Scholarship, for general proficiency, given by Col. John McLaren, to Miss Anna Coutts; prize for highest standing in obstetrical nursing and examination, given by Dr. D. G. McIlwraith, to Miss Florence Walker; prize for highest standing in surgical nursing and technique, given by Dr. J. R. Parry, to Miss Lottie A. Call; prize for highest standing in pediatric nursing and examination, given by Dr. Mowbray, to Miss Helen Hamilton; prize for highest standing in medical nursing and examination, given by Dr. T. E. MacLoghlin, to Miss Mary Eastwood; special prize, awarded by the staff nurses, to Miss Catherine Chapple. Many of the graduates who had attended the reunion dinner on the previous Monday availed themselves of the opportunity of attending the exercises and renewing old acquaintances. At the close of the exercises tea was served and in the evening a dance in the Nurses' Residence closed an eventful day in the lives of fifty-three nurses.

MIDLAND

The eleventh annual graduation exercises of St. Andrew's Hospital were held Monday, June 22nd, at the main entrance of the hospital, which was beautifully decorated with ferns, flags and bunting.

Mr. F. W. Grant, president of the Board of Governors, acted as chairman, and addressed the class. Short addresses were delivered by the Rev. Mr. McNabb, the Rev. Mr. Brown and the Rev. Mr. Warren. The valedictory address was given by Dr. Johnston, who, in concluding, mentioned the late Dr. Raikes, who gave this address to the nurses on previous occasions.

The graduates were: Misses Blair, Turner, Wilson, and Holt, who, after the repetition and signing of the Florence Nightingale pledge, received their diplomas from Mrs. Jas. Playfair and their pins from Mrs. E. Letherby.

Misses Blair and Turner received prizes from Miss Baker, the superintendent, for the highest marks obtained in practical nursing. Miss Holt was awarded fifty dollars in gold from Mr. Jas. Playfair for keeping the most tidy room at the Nurses' Residence throughout the year.

Flowers and gifts from the friends of those graduating were presented by four

tiny tots, Misses K. McKenzie and S. Blackburn, Masters R. MacPhee and Billie Duncan.

The exercises concluded with the singing of the National Anthem.

TORONTO

Toronto General Hospital

Miss Velma Hayes, 1922, who has been in England since March, is leaving soon for Paris, where she plans to spend one year at the American Hospital.

Miss Meta Rathbun, 1922, who has been at the Red Cross Outpost, Nakina, has been appointed in charge at the Outpost at Kirkland Lake. Miss Lorene Lowry, 1922, joined Miss Rathbun at Kirkland Lake at the beginning of August.

Misses Charlotte Gardner and Marion Ferguson, 1922, have resigned from the nursing staff at the Rockefeller Institute, New York, where they have been for about three years.

Miss Edna Thurston and Miss Grace Gawley, who spent the past months doing private duty in California, have left for home by way of the coast and the Canadian west.

Miss Kathleen Kennedy, 1923, has been appointed night superintendent at the Women's Hospital, Bloor Street East, Toronto.

Toronto Western Hospital

Miss Marjorie Middleboro has resigned from the staff of the Western Hospital and has returned to her home in Owen Sound.

Miss Eva Hamilton has been appointed assistant night supervisor at the Western Hospital.

The joint graduation exercises of the Toronto Western Hospital and Grace Hospital Training Schools were held in Convocation Hall on June 9th. It was the first function of the kind since the amalgamation of the two hospitals. The chair was taken by Mr. E. R. Wood and the address to the graduates was delivered by Sir Robert Falconer. The opening invocation was pronounced by the Rev. F. J. Moore. Ideals and objectives of the nursing profession were discussed in brief addresses by Miss Georgie Rowan, superintendent of Grace Hospital Training School, and Miss Beatrice Ellis, superintendent of the Western Hospital Training School. Mrs. E. R. Wood presented the diplomas and pins to the graduates, and the ceremony concluded with the presentation of the scholarships and prizes. Miss Rowan, in her address, emphasized the importance of good training schools for nurses and spoke of the many attractive fields of service open to the profession. She regretted that so many able nurses were accepting positions in the United States. Miss Ellis spoke of the post-graduate courses open to nurses for qualifying for specialized fields, and emphasized the necessity for a high standard of nursing. She stated that a scholarship was being presented next year by Dr. H. A. Beatty for administrative work. It was announced that the award of the scholarship for one year's post-graduate work, Department of Public Health Nursing, University of Toronto, given by Mr. E. R. Wood, would be made at a later date. Following the graduation exercises a reception was held at which several hundred guests were present to extend congratulations to the graduates.

The Western Hospital Alumnae Association were the hostesses at a dinner and dance at the Sunnyside Pavilion given in honour of the graduating class of 1926. The toast to the graduating class was proposed by Mrs. McArthur and responded to by Miss Elva Hewitt, president of the class; to the staff, by Mrs. McConnell, replied to by Miss Ellis, superintendent of the training school; the absent ones were remembered by Miss Butchart and acknowledgment made on their behalf by Miss Helen Longman, of Orillia. Following the dinner a very jolly dance was enjoyed by all.

Miss Mary Floyd, who has been doing hospital work in Thessalon, has returned to Toronto.

Miss Margaret Johnston, from Mountview Home, Calgary, has returned to Toronto and taken a position in Dr. Fletcher Sharpe's office.

Hospital for Sick Children

Miss Marion Ruddick, 1915, who has been taking a post-graduate course in operating room work at the Toronto General Hospital, intends to take a position in one of the Red Cross Outpost Hospitals.

Miss Ruth Cameron, 1922, is in charge by day at Lakeside this summer, and Miss Aylesworth, 1915, is in charge at night.

Miss Miriam Gibson and Miss Helen Lawrence, 1926, are the graduates in charge of the Heather Club Pavilion at Lakeside this year.

Miss Gertrude Darragh, 1924, assistant in the operating room, has resigned, and Miss Beatrice Stickney, 1925, has replaced her. Miss Darragh has accepted a position at New Liskeard in one of the Red Cross Outpost Hospitals.

Miss Doris Haldenby, 1924, who has been in charge of the Out Patient Department, has resigned. Miss Haldenby is now in charge of the Children's Department of the Victoria Hospital in London.

Miss Janet Calhoun and Miss Eleaner Newberry have returned from McGill University, where they completed the course in Teaching and Hospital Administration. They will be on the hospital staff during the next year.

QUEBEC

MONTREAL

Montreal General Hospital

The graduation exercises of the central and western divisions of the Montreal General Hospital Training School for Nurses were held jointly for the first time on the afternoon of June 10th at the General Hospital, when fifty-three nurses were presented with their diplomas and medals.

Lt.-Col. Herbert Molson, C.M.G., M.C., president of the Hospital Board, was chairman, and in his opening address referred to the new home for the nurses which would be completed in October. This new residence will provide accommodation for 208 nurses and will be well equipped in every detail.

The class were addressed by Dr. A. H. Gordon after they had repeated the Florence Nightingale pledge in unison, while the audience remained standing.

Those graduating were:—Central division: Ethel Marguerite U. Ahern, Cheltenham, England; Myra V. Backman, Lunenburg, N.S.; Garner Lillian Belford, Ottawa; Marjorie Edith Bieber, Bedford, P.Q.; Enid Lodema Brown, Montreal; Kathleen M. Branscombe, St. John; Lily Maude Carpenter, Montreal; Almeda Carter, Sault Ste. Marie, Ont.; Marguerite Christie, Fredericton; Christine Margaret Cole, Ottawa; Edith Freda Cromwell, Cookshire, P.Q.; Belle Depew, White River, Ont.; Lowten Grace French, Montreal; Hazel F. Frith, Nassau, B.W.I.; Mona Eloise Gaskin, Montreal; Martha Agnes Harris, Burk's Falls, Ont.; Eva Hilda Harvey, St. Eugene, Ont.; Dorothy Rosenell Jones, St. John; Anna May Jowsey, East Aylmer, P.Q.; Emma Victoria Knollin, Sussex, N.B.; Drusie E. C. LeQuesne, Paspebiac, P.Q.; Doris Ethel Lewis, Lachine; Edith L. Lockwood, Oshawa; Miriam Mercer, Lush's Bight, Nfld.; Bernice Miller, Campbellton, N.B.; Jean McDougall Muir, Westmount; Isobel Marion Murphy, Glasgow, Scotland; Marion Sarah Myers, Queensport, N.S.; Norena S. Mackenzie, Teeswater, Ont.; Jennie MacLeod, Leitches Creek, N.B.; Marguerite E. MacLeod, Flat Lands, N.B.; Juana Heredia McCosh, Glasgow, Scotland; Louise O'Hara, Ottawa; Sadie Mildred Payne, West Bathurst, N.B.; Catherine Phoebe Small, Moretons Harbour, Nfld; Margaret E. Taylor, Vankleek Hill, Ont.; Donalda Urquhart, Williamstown Ont.; Bessie Whyte Wathen, Doaktown, N.B.; Barbara Yardley, Edinburgh, Scotland.

Western division: Maude E. Byrne, St. Lambert; R. Madge Carpenter, Cornwall, Ont.; Cora May Clark, Ottawa; Violet Annie Cross, Montreal; Aimee D. Harding, Sherbrooke, P.Q.; Vernie L. Kerr, Montreal; Marjorie I. MacFarlane, Westmount; Pernella McPhee, Alexandria, Ont.; Olga May McCrudden, Westmount; Margaret A. McElroy, Ottawa, Ont.; Charlotte J. McCormick, Westmount; Amy Margaret McOuat, Lachute; Hildred K. O'Reilly, St. Johns, Nfld.; Lilian E. Payn, Montreal.

Prizes were presented to Miss J. H. McCosh and Miss M. S. Myers, by the Board of Management, for general proficiency; Miss N. S. McKenzie and Miss D. R. Jones, the Mildred Hope Forbes prize for highest aggregate marks during the three years; Miss Violet Annie Cross, the Robert Wilson prize, presented by the Medical Board, western division, for highest marks in finals and general proficiency; Miss Marjorie I. MacFarlane, western division, prize for general proficiency.

On the platform were seated Lt.-Col. Herbert Molson, C.M.G., M.C.; A. H. Gordon, B.A., M.D.; the Rev. Dr. Richard Roberts; Lt.-Col. A. Lorne C. Gilday, M.D., D.S.O.; Major A. K. Haywood, M.D., M.C.; Miss S. Young and Miss J. Craig.

A reception to the grauates concluded the afternoon.

In the evening the Montreal General Hospital Alumnae Association entertained the class at dinner in the ball room of the Ritz Carlton Hotel, when one hundred and seventy guests were present.

Miss Mary Mathewson, 1925, is relieving in the S.O.R. at the Montreal General Hospital during the summer months.

Miss Grace Tanner, 1924, who has been assistant superintendent at the University Hospital, Edmonton, since her graduation, is acting as superintendent for several months.

Miss Lucy White, registrar at the Nurses' Club for the Montreal Graduate Nurses' Association, spent the month of June on an extended trip to the coast.

The sympathy of the members is extended to Miss A. M. Becksted in the loss of her mother at Morrisburg, Ont., and to Mrs. J. S. Henderson (neé Viola Hersey) in the loss of her son, Gordon, of Montreal.

Misses F. Strumm and C. Watling are delegates from the Alumnae Association to the general meeting of the Canadian Nurses' Association. It is expected that there will be a large attendance of members present from the M.G.H.A.A.

Miss Olive McKay, Mrs. Marion Hepburn and Mrs. Schneider (neé A. Wills) motored from Massachusetts to attend the annual graduation dinner. Mrs. Grindley (neé A. M. Malloch), of Westmount, a classmate, returned with them for a short visit.

Mr. and Mrs. James Thompson Allan (neé Margaret A. McCammon) are spending a two months' honeymoon abroad, and on their return will reside in Montreal.

SHERBROOKE

The following graduates of the Sherbrooke Hospital, 1926, have successfully passed the registration examination: Mrs. Adele Dyson, Misses Verna K. Beane, Olive Harvey, Christine MacLeod, Alice Lyster, Bertha Boyd and Evelyn B. Clark.

Miss Hilda Jenkins, who resigned her position as supervisor of the operating room, has been succeeded by Mrs. Dyson.

Miss Elaine Rice, graduate of the Seminary Normal School of Household Science, Acadia, N.S., has been appointed dietitian, to succeed Miss Edith Holbroon, recently resigned.

The nurses in training of the Sherbrooke Hospital have held several successful Bridges, from which funds have been derived to build a tennis court on the hospital grounds.

QUEBEC

The members of the Alumnae Association, Jeffery Hale's Hospital, are very pleased to hear that Miss Charlotte Kennedy has made complete recovery following an operation, and has returned to duty.

In honour of Miss Irene Fellows, the Alumnae gave a delightful shower on the evening of June 21st, at the Nurses' Home, Jeffery Hale's Hospital.

SASKATCHEWAN

Miss Theodora Taylor, Reg.N., has been appointed organizer of Red Cross Home Nursing Classes by the Alberta Division of the Canadian Red Cross Society. Miss Taylor is a resident of Indian Head, Saskatchewan, and recently completed the course in Public Health Nursing at the University of Toronto.

Miss Jean MacKenzie, Reg.N., formerly Dominion organizer of Red Cross Home Nursing Classes, has transferred from this position to that of Director of Junior Red Cross for the Saskatchewan Division of the Canadian Red Cross Society. Miss MacKenzie will commence her new duties in August and is spending the summer abroad.

TICKET OF NOMINATIONS FOR 1926

The ticket of nominations for the Canadian Nurses' Association, 1926, is as follows:

For President—Miss F. M. Shaw, Montreal, P.Q.

For First Vice-President—Miss G. M. Fairley, London, Ont.; Miss M. F. Gray, Vancouver, B.C.

For Second Vice-President—Miss K Ellis, Vancouver, B.C.; Miss M. F. Hersey, Montreal, P.Q.; Miss H. Meiklejohn, St. Catharines, Ont.; Miss E. Rayside, Hamilton, Ont.

For Secretary—Miss H. Buck, Sherbrooke, P.Q.; Miss K. Russell, Toronto, Ont.; Mrs. C. Devitt, Ottawa, Ont.

For Treasurer—Miss L. Hubley, Halifax, N.S.; Miss R. Simpson, Regina, Sask.

The convener of the Committee on Arrangements advises all nurses coming to Ottawa for the biennial meeting, August 23rd to 27th, 1926, to make their reservations at once, direct to the managers of the different hotels.

Hotel Rates

1. Alexandra Hotel, Bank Street—Rates, $4.50 up, American plan. Will not reserve any rooms.

2. Chateau Laurier—European plan only. Single, $3.50 up, without bath; $6.00 up, with bath. Double, $5.00 up, without bath; $7.00 up, with bath.

3. Windsor Hotel, Metcalfe Street—$3.50 up, American plan. Reserve short time before arrival. Will accommodate a large number, either in or out of hotel.

4. Rockminster, 192 MacLaren Street—Rooms only.

5. Y.W.C.A., 133 Metcalfe Street—Can secure a number of rooms.

A limited number of rooms may be obtained by writing to the following: Joan of Arc Institute, 475 Sussex Street; Mrs. T. S. Beilby, 98 MacLaren Street; and Miss M. Catton, 2 Regent Street, Ottawa.

BIRTHS

BALL—On April 17th, at Victoria, to Mr. and Mrs. C. E. Ball (N/S Nellie King), a daughter.

BRERETON—On June 19th, at Alexandra Pavilion, Toronto Western Hospital, to Dr. and Mrs. C. H. Brereton (Marjorie Rose, T.W.H., 1914), a daughter.

BUZZELL—On May 6th, at Sherbrooke, P.Q., to Mr. and Mrs. Buzzell (Josephine Start, Sherbrooke Hospital, 1924), a daughter.

CRIDLAND—On June 12th, to Mr. and Mrs. James Cridland (Lottie Barton, Toronto Western Hospital, 1925), a son.

DUFFY—Recently at Sherbrooke, P.Q., to Mr. and Mrs. George Duffy (Annie MacLeod, Sherbrooke Hospital, 1921), a daughter.

HANNA—On June 19th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Hanna (Muriel Boyce, T.G.H., 1922), a son.

HENDERSON—On July 3rd, at New Westminster, to Mr. and Mrs. R. H. Henderson (Miss Chadbourn, formerly of the Royal Columbian Hospital), a son.

KING—At St. Catharines, Ont., on May 21st, to Mr. and Mrs. Sanford King (Mary McCallum, Toronto General Hospital, 1918), a son.

McKAY—On July 10th, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. Angus McKay (Edna Hanna, T.G.H., 1916), a son.

MORROW—On May 8th, at Victoria, B.C., to Mr. and Mrs. M. A. Morrow (N/S Alberta Brooks), a daughter.

ROBSON—On June 24th, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. R. B. Robson (Gwendolyn Washington, T.G.H., 1918), of Walkerville, a son.

SMITH—On June 6th, at Hospital Annex, Moncton, N.B., to the Hon. Lewis and Mrs. Smith (Ruby Tessier, Western Hospital, Montreal, 1916), a daughter.

MARRIAGES

ALLAN—McCAMMON—On July 2nd, at Inverness, P.Q., Margaret Agnes McCammon (Montreal General Hospital) to James Thompson Allan, of Montreal.

BARKER—KNIGHTS—Recently at Millarville, Alta., Margaret Joan Knights to John Barker, of Calgary.

BATTLE—GRENVILLE—On June 29th, at Thorold, Ont., Norma A. Grenville (Mack Training School, St. Catharines, 1915), to Leo H. Battle, of Thorold.

BUSCHLEN—CALVIN—On May 26th, at Niagara Falls, Ont., Martha B. Calvin (Mack Training School, St. Catharines, 1923), to Gerald Buschlen. Mr. and Mrs. Buschlen will reside in Chicago.

CHAMBERS—MOORE—On June 22nd, at Vancouver, Edith Gladys Moore (Royal Columbian Hospital, New Westminster, 1923), to William Chambers, of New Westminster. Mr. and Mrs. Chambers will reside at Revelstoke, B.C.

DANARD—CASSELMAN—On June 19th, at Iroquois, Ont., Audrey Casselman (Toronto General Hospital, 1925), to Dr. Beverly Pierce Danard.

DeWAR—BUCHANAN—On June 24th, at St. Catharines, Irene Grace Buchanan to Evander Gradt DeWar. Mr. and Mrs. DeWar will reside in St. Catharines.

DORMAN—EWING—On June 30th, at Bedford, P.Q., Grace Ester Ewing (Montreal General Hospital, 1925), to William Robert Dorman, of Rock Island, P.Q.

FULLER—MERRILL—On June 23rd, at Sherbrooke, Sadie Merrill to George Fuller. Mr. and Mrs. Fuller are residing at Elizabeth Street, Sherbrooke, P.Q.

GENN—McCORMACK—On June 5th, at Renfrew, Ont., Mary Christina McCormack (Royal Victoria Hospital, Montreal, 1925), to Harold Madison Genn.

KEMP—THOMPSON—Recently at Windsor, Ont., Margaret Thompson (McKellar General Hospital, Fort William, 1920), to Harold Kemp, of Detroit.

LUND—BETTS—On July 17th, Nina Margaret Betts, R.N. (McKellar General Hospital, Fort William, Ont., 1911), to Thomas Bickel Lund. Mr. and Mrs. Lund will reside at Suite 2, Bartella Court, Winnipeg, Man.

McCREATH—DRUMMOND — On June 17th, at Kincardine, Ont., Mary Drummond (Royal Alexandra Hospital, Fergus, 1920), to Edward Grant McCreath, of Philadelphia, Penn.

PAUL—MacLACHLAN—On June 12th, in Detroit, Mich., Maree I. MacLachlan (Toronto Western Hospital, 1918), to Robert A. Paul, of Lansing, Mich. Mr. and Mrs. Paul will reside at 522 East Michigan Blvd., Lansing.

REID—MURPHY—On June 22nd, at Toronto, Edith Murphy (Toronto General Hospital, 1922), to William Reid. Mr. and Mrs. Reid will reside at Schriber, Ont.

ROSS—BELL—On June 21st, at Vancouver, Dorothy Bell (Royal Columbian Hospital, New Westminster, 1924), to Kenneth D. Ross, of Vancouver.

TURCOTTE—GRANDMAISON—On June 28th, at Montreal, Evelyn Grandmaison (Montreal General Hospital, 1923), to John Rolland Turcotte, of Three Rivers, P.Q.

WALLACE—BRYDEN—On June 8th, at Atlanta, Ga., Jean D. Bryden (Toronto Free Hospital, Weston, 1913), to Charles Cecil Wallace. At home, 573 West Peachtree Street, Atlanta, Georgia.

WARNER—HAY—On June 19th, at Alliston, Ont., Jean Hay (Toronto General Hospital, 1924), to Dr. William Warner.

WEIR—HOGAN—On June 16th, at Toronto, Ella Hogan (Toronto General Hospital, 1925), to Charles Weir, of Toronto.

WENDLAND—CALVERT—On April 7th, at South Bend, Ind., U.S.A., Dora Calvert (Royal Victoria Hospital, Montreal, 1924), to John Wendland. At home—South Bend, Ind.

WHAN—CLUFF—On February 8th, at Toronto, Mary Cluff (Royal Alexandra Hospital, Fergus, 1914), to Fred Whan, of Toronto.

WILLIAMS—MITCHELL—On June 24th, at Brighton, Ont., Olive Mitchell to Alfred Williams, of Winnipeg, Man. At home, 812 Bannatyne Avenue, Winnipeg.

YOUNG—FELLOWS—On June 26th, at Quebec, Irene Fellows (Jeffery Hale's Hospital, 1918), to Charles Young, of Quebec.

DEATHS

GRANT—On March 6th, at Wallaceburg, Ont., Catherine McDonald Grant (Royal Columbian Hospital, New Westminster, 1913).

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